RECORD

PERMANENT

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very properly classified. Exact statement ACE should be stated EXACTLY. of Information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. CAUSE OF Important, PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.;.....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE  White  White  White  White  White the word	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DA	TE OF BIRTH Q.A. 25 1872	that I last saw h. A. alive on O.A. 7. 1914.
7 AG	(Month) (Day (Year)  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1/250, m, The CAUSE OF DEATH* was as follows:
(a) par	Trade, profession, or Housewiff General nature of industry,	Fulmorony Interculosis
busi	ness, or establishment in chemployed (or employer)	(Ouration) yrs. mos. ds.
9 81	RTHPLACE (State or country) Herwany	Secondary (Duration) yrs mos ds.
TS	10 NAME OF Rushen Mandelof  11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER	(Signed) N. Howard Je ages M. D. Our . 9, 191 4 (Address) State Davidonin, pul.
AREN	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs mos ds. State yrs mos ds  Where was disease contracted, was ds
	Interment)	If not at place of death?  Former or usual residence. 6 16 Forest St., Bulto, Nud.
16	(Address) Hale Warplomen, Mil.	Phace of Burial or REMOVAL DATE OF BURIAL 2, 1914.
Flie	0 Oct31, 1914, lo. A. Sleve. REGISTAR	M. S. Crenge Thurson, Mil.
	VI more blanks are needed address State Povis	trap 6 10 Proublin St Polto Dequestion V C N. 4

B. ż

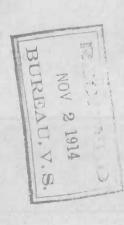


[Approved by U. S. Census and American Public Health Association.]

applles to each and every person, irrespective of age tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Forcman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valrular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchophcumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee ou Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "Puerperal septichae-Never report



UNFADING

terms, so that	ormation should be caref	of information should be caref	-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very
terms, se	ormation should be	of Information should be	Every Item of Information should be carefully su GAUSE OF DEATH in piain terms, so that it mi
	rmation st	of information st	em of information short of DEATH in plain

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No It death occurred in -Ward) a hospital or lostitution, give its NAME instead ot street and nomber. ] MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. MARRIED. WIDE PED, Marre (Month) (Day ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day 7 AGE it LESS than 1 day .....hrs. OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) OSecondary (Doration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. Where was disease contracted. it not at place of death?. Former or usuai residence ACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's Grocery; (a) Foreman, (b) Astomobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause. Always qualify all diseases resulting from mus," "Old Age," "Shoek," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaecte., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (seeondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) State cause for Never report



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD UNFADING INK-THIS IS PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s WRITE N.B.

9980 1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

County Seeden !	Registration Dist, No. 140
Village or City Myersville (No	St.; Ward)  St.; Ward)  Peachley  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the Word) 6 DATE OF BIRTH 8 1895	16 DATE OF DEATH  (Month)  (May (Year)  17  (I hereby certify, That I attended deceased from the following the fol
7 AGE (Month) (May (Year) 1 day,hrs.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Linession of Brance
10 NAME OF FATHER Elmer E. Beschley	Secondary  (Duration)  (Signed)  (Signed)  (Signed)  (Signed)  (Duration)  (Duration)  (Duration)  (Signed)  (Signed)  (Signed)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF (NOURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs mos ds  Where was disease contracted,
(informant) Elmer E. Resepley	former or usual residence.  19 PLACE OF BURIAL OR REMOVAL . DATE OF BURIAL
Filed Oct. 10, 1914 Ralph Browning,	U.B. Cem, Myrsolla Oct. 11, 1914 20 UNDERTAKER L.J. K. Gladhill Myersville

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

V. S. No. 1.

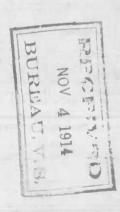


[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.) CAUSINO DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the nisease who receive a definite salary), may be entered as it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, For persons (6)

Statement of cause of death—Name, first, the Insease causino neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) tetanus) Mcasles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of Never report



that it may be

See instructions on back of certificate.

DEATH in plain

CAUSE OF Important.

1 PLACE OF DEATH County Trederick
Village or City State 6

9981



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 13

St.; Ward)

It death occurred in a hospital or institution, give Its NAME Instead ot street and number.]

FULL NAME MOUNT GERE	<i>V</i> .
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wall White Single, Married, Widoweo, ORDIVORCED (Write the Word)	18 DATE OF DEATH  (Mopth)  (Day  (Year)
8 DATE OF BIRTH  Sure Zb , 1872  (Month) (Day (Year)	that I last saw h sui alive on Och. 29, 1914.
7 AGE  37  yrs  4 mos  38  18 LESS than 1 day,hrs. 08 mln.?	and that death occurred on the date stated above, at 6 10 P, m, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.	Pulmonary & Larynges
(b) General nature of industry, business, or establishment in which employed (or employer)	Gentributory Edbauslion ds.
9 BIRTHPLACE (State or country) Wougland  10 NAME OF FATHER John Beiley	Secondary  (Duration) yrs mos ds.  (Signed) W. Howard yergel M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Wilcom.  13 BIRTHPLACE OF MOTHER (State or country)  13 DIWWW.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Interment) W. H. Hondrey	Where was disease contracted, functions It not at place of death?  Former or usual residence 700 Amid Itill are, Ballo, hu
(Address) Flatt Jandoning, Mid.	Place of Burial or REMOVAL DATE OF BURIAL  Sallinge, Md. 1914.,  20 UNDERTAKER ADDRESS
Filed Wellow, 1914. O. Messar	M. S. alager Thremond, Mid.

If more blanks are peeded, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various parsuits can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But iu many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cautheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart fallure," "Haemorrhage." "inanition," "Maras "Collapse," "Coma," "Couvulsions," "Deblity" ("Con-Bronchopneumonia (secondary), 10 ds. canse of death approved by Committee on Nomenciainjury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-aecithre of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations ou statement of Never report



		hould state ON is very
	RECORD	PHYSICIANS SOLUTIONS OF OCCUPATION
MARGIN ACCURATION OF THE PROPERTY OF THE PROPE	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		N. B.—Every Its CAUSE Importan

	PLACE OF DEATH	STATE OF MARYLAND
	Hadarielo Com	CERTIFICATE OF DEATH
Cou	inty Dreamuse 4	Registration Dist. No. 15
ViII	age or City Lelesville (No	St.: Ward)   [If death occurred in
A 111	age of Offy	a hospital or institution, give its NAME instead
	(masil ams	of street and number.]
	FULL NAME Y VVV MY MYVV	L. J. G. J.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARRIED. VALAAA VA	16 DATE OF DEATH Och 7 , 1914
17	Ternal bolored (Write the word)	(Month) (Day (Year)
1		17   HEREBY CERTIFY, That I attended deceased from
O DA	ATE OF BIRTH	June 1914, to Och 7 , 1914,
	(Month) (Day (Year)	that I last saw he Calive on Och 6 ,1914
TAG	77	and that death occurred on the date stated above, at 100 m.
,	66 > 99 1 day,hrs.	The CAUSE OF DEATH* was as follows:
_		Cancer of Luce
8 OCCUPATION (a) Trade, protession, or		J
	rticular kind of work	
busi	General nature of industry, iness, or establishment in	(Duration) / yrs mos ds
which employed (or employer)		Contributory & all of person
BI	RTHPLACE (State or country) ( Final last	Secondary
	10 NAME OF ONLY	(Duration) yrs mos ds.
	FATHER William Burass	(Signed) Jebly Gules, M. D.
O 11 BIRTHPLACE		CILLY, 1914 (Address) Burkettento les
ARENTS	OF FATHER (State or country) Add leo.	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accinen-
	12 MAIDEN NAME OF MOTHER	
4	balherine vallman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos, ds
14 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Selvis Belt		If not at place of death?
		usual residence
	(Address) Lettesville Indi	19 PLACE OF BURIAL OR REMOVAL
15		Dt. mary's bernet Peter Oct 10, 1914
FI	ed191	20 UNDERTAKER ADDRESS
	REGISTRAR	1 X1/9, 1 velle Burkilloville
	If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Consus and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indlvery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puenperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Maras thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated nnless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of.... injury, as fracture of sknll, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting Measles (disease cansing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Cau-"Exhaustion," Never report For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 96	183	STATE OF M. CERTIFICATE Registration I	OF DEATH
Village or City Freeling  2FULL NAME	M(No. Br	Sail Blendst; Wa	rd)  [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PAR	RTIGULARS	MEDICAL CERTIFICATE	OF DEATH
SEX 4 COLOR OR RACE SINGL MARRI WIDOW OR DIV	ED. Juna	16 DATE OF DEATH Catoka (Month)	
DATE OF BIRTH	8 , 1840 (Day) (Year)	that I last saw har allycon	1 attended deceased from 106 2 9 , 191 9
74.yrs. 2.mos.	If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date state The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  PEIRTHPLACE (State or country)  Theolerick (State or country)  10 NAME OF FATHER  Theolerick (State of Country)	endlinger	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address)	2 yrs. 2 mos. 8 ds  1 lungs  yrs. 3 mos. 5 ds
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MANAGE AND Showseller		*State the DISEASE CAUSING DEATH, OCAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country)	ef meller	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State	
(Informant) Um H Blently	KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence	
(AUUI Gaa ).	ich	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed / 0/1/2 1914	Stall 11 MILL REGISTRAR	20 UNDERTAKER Delarky	ADDRESS Theolerick
If more blanks are needed, addr	ess State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No	





[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) . The nature of the business or industry, and therefore an material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of libeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursults can be known. The question tion is very important, so that the relative meaithfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic core-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, If impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AB probably which surgical operation was undertaken. For vicchildbirth or miscarrlage, as "Puerpreal septichae. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_ mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for mails The contributory Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent "Traemla," "Weakness," (name origin; "Can-State cause for Examples:



PHYSICIANS should of OCCUPATION IS statement classified. properl supplied. 80 plain of Inform DEATH OF Every item CAUSE OF important.

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### STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

Mark Market Market Comment of the Co	Registration Dist.	NO
***************************************	St.;Ward)	[If death occurred in a hospital or institution,
Bour	in	give its NAME instead of street and numbar.]

MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED. WHOOWED, (Month) (Dav (Write the word) I HEREBY CERTIFY, That I DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----Contributory. 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs. .... mos. .. State ...... yrs. .... mos. ... Where was diseasa contracted. If not at place of death? Former or CE OF BURIAL OR REMOVAL DATE OF BURIAL 15

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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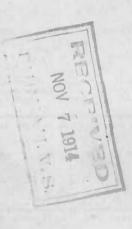
# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various parsuits can be known. The question tion is very important, so that the relative healthfulcated thus: causing dearn, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant peoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancanse of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State canse for etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Wéakbess," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eansing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhanstion," Never report



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ...... Contributory BIRTHPLACE Secondary (State or country 10 NAME OF (Signed) 11 BIRTHPLACE ARENT man \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER ot death ...... yrs. .... mos. ... (State or country) \_ ds. State ..... yrs. Where was disease contracted, 14 THE ABOVE If not at place of death? Former or usual residence. ACE OF BURIAL OR REMOVAL 15

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DATE OF BURIAL

If death occurred in a hospital or institution.

(Year)

give its NAME instead ot street and number.]

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

""Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer; Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic theuia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Contributory." The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



V. S. No. 1.

RECORD	PHYSICIANS should state of OCCUPATION IS very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Ounty Firederick (No. 111, Stillage or City Firederick (No. 111, Still	give its NAME instead
FULL NAME Edwal Co. Ba	occini
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Sungle MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)  17 O I HEREBY CERTIFY, That I Was Physician
TAGE    Accept   S   Property   P	that I lest saw all the on
particuler kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **Moanflaned**	Contributory Secondary
11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME	(Signed) (Ouration) yrs mos ds (Signed) (Signed) (Bould M. D. M. D
OF MOTHER Mary le Mogess  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Nancy Baton	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds  Where wes disease contracted, If not at place of death?  Former or usual residence.
(Address) III See St.  15 Filed 9 th Get, 191 Lor Ing & Mc Courdy	Socient Con Date of Burial  Socient Con 1914  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbigh or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exbaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

A PERMANENT RECORD

S. No. 1.

N.B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

carefully supplied.

Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

..St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widower, Widower, Ordiverge (Write the word)	16 DATE OF DEATH Oct. S, 1914. (Month) (Day (Year)
6 DATE OF BIRTH  Jame 24, 1856  (Month) (Day (Year)	may 25, 1914 to Oct. 15, 1914, that I last saw how alive on Oct. 15, 1914
J8 yrs. 3 mos. 2/ds. or. min.?	and that death occurred on the date stated above, at 5/00 P. m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Pulmonary Tuberentonis
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manyland.	Gontributory demostysis Secondary
10 NAME OF FATHER William H. Buck  11 BIRTHPLACE OF FATHER (State or country) manyland.	(Signed) W. Howard & arger M. D.  Oev. 15, 191 4 (Address) Hote Dandown, M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Elizabeth Stickman.  13 BIRTHPLACE OF MOTHER (State or country)  Para.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs. mos. 2 ds. State yr mos. ds  Where was disease contracted,
(Informant) . J. Hughes.  (Address) State Danolown, Ind.	Former or usual residence 122 W. Franklin H., Balto, M.,  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(ed of 31, 1914, Cet Slews REGISTRAR	Bolling, Md. , 1914.  20 UNDERTAKER APDRESS  M. S. Creoger Thurmon, Md.
If more blanks are peeded, address State Regist	trar, 6 E. Franklin St., Balty, Requesting V. S. No. 1.

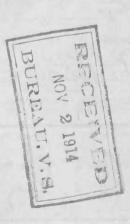


[Approved by U. S. Consus and American Public Health Association.]

material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: uess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Houseitife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, ctc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefiuite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping congh; Chronic oma, Sarcoma, etc., of..... (name origiu; "Caumia," "Puerperal peritonitis," etc. State cause for etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atropby," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Excause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably snicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as geuital," ture of the American Medical Association.) "Contributory." iujury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ctc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "Puerperal septichae-



V. S. No. 1.

YSICIANS should state OCCUPATION Is very PHYSICIANS RECORD 6 statement PERMANENT EXACTLY. stated classified. should -THIS properly AGE INX carefully supplied. UNFADING certificate. 80 Ö WITH DEATH in plain terms, See Instructions on back pinous Information CAUSE OF Important. S

PLACE OF DEATH  County Fuduch	9988
0.	(20)

1 ans

2FULL NAME

PERSONAL AND STATIS

4 COLOR OR RAC

(Mont

Village or City.

3 SEX

7 AGE

PARENTS

15

(a) Trade, profession, or particular kind of work...

(b) General nature of Industry,

business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF

BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE
OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE B

(Address) 537

OF FATHER (State or country)

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Frederich Ma

1	Registration Dis	NO.
charles Car	oll Burlone,	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
TICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
E SINGLE,  MARRIED,  WIDOWED,  ORDIVDRCED (Write the word)	16 DATE OF DEATH (Month)	(Day , 191 4 (Year)
1890		-10 0 1914,
h) (Day (Year)		9 4 1914
it LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:  Subsecutives  and Sutestines	10
ur affice lugh. N. C.	Contributory Recrosis of (Secondary  Lunarhayes (Duration)	yrs. 6 mos. ds.
nown	(11)	Riggo N. B.
e phown,	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; an TAL, SUICIDAL, or HOMICIDAL.	In deaths from VIOLENT d (2) whether ACCIDEN-
any Carroll biginia,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS)  At place of death yrs, 3 mos. 7 ds. State	5 vrs. 3 mas 17 ds
Bulon	Where was disease contracted, Probably in 11 not at place of death?  Former or Ralight	North Carolins
con Sh. Raligle N. C	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
my garle	Coanoke Jundy M.L.,	Ocx 13, 1914

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persous engaged in domestic service for wages, as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Honsework, or At Home, and children, not Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are eugaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and cousequeuces (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Iuanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditious, such as "Asample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For vio-



1:	
No.	
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	The state of the s
PLACE OF DEATH 10461	STATE OF MARYLAND
711.0	CERTIFICATE OF DEATH
County Cucy	1,1,1
	Registration Dist. No. 14
Village or City Dienser (No	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and nomber.]
FULL NAME James Henry 60	ussand of street and nomber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED MINOREY.	16 DATE OF DEATH Oct 29 1914 (Month) (Day (Year)
male white (Write the word)	I hEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Oh. 15 874	Oct 29 1914 to Oct 29 1914
(Month) (Day (Year)	that I last saw halive on
TAGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, atm,
71 yrs 6 mos 7 ds. OR min.?	The CAUSE OF DEATH + was as follows:
BOCCUPATION	Craisher ay also acer
(a) Trade, profession, or Jalones BYORR	a Lew minute, orber
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER GAME A Bussaid	(Signed) (Doration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)	Oct 29, 1914 (Address) Drunsewelt Gut
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  AMALLAND  13 MARLAND  14 MARLAND  15 MARLAND  16 MARLAND  17 MARLAND  18 MARLAND	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) M I Bussard	If not at place of death?
(Address) Sharpsburg mill	19 PLACE OF BURIAL OR REMOVAL JATE OF BURIAL
18 5 4 4 6	Toust Trove my Mm 191 4
Filed OCT 29, 1914 Com Ness REGISTRAR	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	Tar & E. Franklin St. Balto Dequesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by earbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of death), 29 ds.; For vio-



### g. No. 1.

### RECORD PERMANENT 4 THIS UNFADING WRITE

SICIANS should PHYSICIANS certifica that 80 50 pino plai Information 5 DEATH 50 OF Hem CAUSE OF EVery m ż

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

(Address)......

OF MOTHER (State or country)

13 BIRTHPLACE

ARENT

15

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 14 fit death occurred to Village or City .....Ward) a hospital or institution, give Its NAME Instead of street and number. I 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGUE. MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at t day, .....hrs. OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER. (Signed)

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

(Address)

18 LENGTH OF RESIDENCE (FOR RECENT RESIDENTS)	on He	SPITALS, IN	TITUTIONS	TRANSIEN	TS
At place of death yrs mos Where was disease contracted,	. ds.	In the State	yrs,	mos	d S

It not at place of death?

19 ALACE	OF BURI	AL OR RE	MOVAL
h /	1	1/1	1
1011	Minst	Tus	nible

DATE OF BURIAL

ADDRESS

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

usual residence

KNOWLEDGE

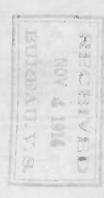


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. As examples: Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

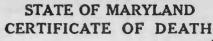
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mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.;



### V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCGUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT  county Free well 9990



Registration Dist. No. 141

1	Registration Dist. N			
	C4. Word)			

VIIIage or City Frewsevok (No	St.; Ward)  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALE White (Write the word)	(Month) (Day (Year)
G DATE OF BIRTH  (Month) (Day (Year)	that last and had alive on Ox 5, 1914
7 AGE   It LESS than 1 day,hrs. OR	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs: / mos. // ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF Monine   Filler	Contributory Secondary  (Buration)  (Signed)  (Signed)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Facob Zo Carses  (Address) Bussing My  18  Filed Oct 6  1914 A vivi Well	At place of death yrs. mes. ds. State yrs, mes. ds  Where was disease contracted, lf not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Allorstown  2 Jungery Ker Address
PEGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

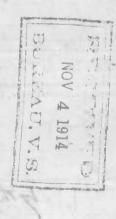


[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Namc, first, the disease causing death—Namc, first, the disease causing death—Namc, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

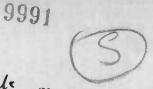
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RECORD

Item Every Item CAUSE OF Important.

N. B.

1 PLACE OF DEATH Village or City Brune eve Ole



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

....Ward)

[If death occurred in a hospital or Institution, give its NAME lostead of street and nomber.]

### Ste Bett 2FULL NAME.....

PERS	ONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male	4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCE (Write the	Sugle word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIR	Oct 29 (Month) (Day	914 (Year)	Thereby Gertify, that I attended deceased from 1914, to 1914 that I last saw hallys on
<sup>7</sup> AGE	Stree but	If LESS than 1 day,hrs.	and that death occurred on the date atated above, atm The CAUSE OF DEATH* was as follows:
(a) Trade, professi particular kind of (b) General nature business, or esta	on, or work		(Duration) yrs mos ds
which employed (o  BIRTHPLACE (State or co	r employer)	****	Contributory Secondary
OF FATHE  OF FATHE  OF FATHE  OF FATHE  OF FATHE  OF FATHE  OF MODE  12 MAIDEN  OF MODE	PLACE THER or country)  N NAME	Lemo	(Signed)
13 BIRTHP OF MOT (State	or country)	IOWLEDGE	At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death?————————————————————————————————————
(Address)	9 1914 Xyria	Wist	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
	If more blanks are needed o	REGISTRAR	Strar & E. Frenklin St. Relto. Deancation V. S. N.



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For vio-



UNFADING INK-THIS IS

PLAINLY, WITH

WRITE

Every item CAUSE OF Important. S

N. W.

of information should be carefully supplied. AGE should be signified to properly classified. See instructions on back of certificate.

PHYSICIANS should state of DCCUPATION is very

RECORD

PERMANENT EXACTLY. 1 PLACE OF DEATH

### STATE OF MARYLAND

ADDRESS

Village or City Bransmot (No.	CERTIFICATE OF DEATH  Registration Dist. No. 141  St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
FULL NAME Ruhand O Co	(mway of safet and nombot.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wibower, Married (Write the word)	16 DATE OF DEATH October 3, 191 4  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH  (Month)  (Day (Year)	that I last asw harm allve on Ochober 3, 191.4
TAGE  Grant Strain  1 day, hrs.  OR min.?  8 OCCUPATION  (a) Trada, profession, or particular kind of work  Can Foreman	and that desth occurred on the date stated above, at 14 38 m The CAUSE OF DEATH* was as follows:  Clube of tetras as
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs wos ds
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Richard Conway  11 BIRTHPLACE	(Signed) (Doration) yrs mos ds  (Signed) A Bruessurch
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  MARINE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident TAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death
(interment) Ino R C Conway  (Address) Brunswik Ind	Where was disaase contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Hawkee Bears of the large of the

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER





[Approved by U. S. Census and American Public Health Association.]

\*statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the misease who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons If the occupation has (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL poritonitis," etc. State cause for ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-(Recommendations on statement of Never report For VIO-



PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT Exact classified. pe may certificate. 80 50 back terms, instructions plai 5 DEATH 9 Important. Every It

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.. If death occurred in .....Ward) a hospital or institution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH MARRIED, WIDOWEO, OROIVORCEO (Write the word) (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above 1 day, .....hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory Secondary 10 NAME OF. FATHER PARENTS BIRTHPLACE OF FATHER (State or countr \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. 13 BIRTHPLACE At place OF MOTHER (State or country 14 THE ABOVE INTRA (Address). 15 20 UNDERTAKER ADDRESS

REGISTRAR

Manore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e.g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnaut neoplasms); Measles; Whooping cough; Chronic ture of the Americau Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valeular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Mcasles (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 State cause for "Exhaustion," For vio-





[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an Physician, Compositor, Architect, Locomotive engineer, Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age tion is very important, so that the relative mealthfulfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic core-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purreman scottchae etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock." "Traemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic-interstitial asphritts nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS important. N. B.

1 PLACE OF DEATH

County.....

Village or City

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No	

..Ward)

[If death occurred in a hospital or institution, give Its NAME Instead of street and number.]

FULL NAME	Goldie	Estella	Orum
TOLL NAME.			

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17 / I HEREBY CERTIFY. That I attended deceased from
6 DA	(Month) (Day (Year)	1914, to Och 28th, 1914, that last saw her alive on Och 28th, 1914
TAC	If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 1, 30 C.m., The CAUSE OF DEATH* was as follows:
(a)	CCUPATION  Trade, profession, or ficular kind of work	Marasmus
busi	General nature of Industry, iness, or establishment in ch employed (or employer)	(Duration) yrs 2 mos — ds.
9 BI	RTHPLACE (State or country) Fractices Co	Secondary (Ouration) yrs mos ds.
ENTS	10 NAME OF Sterling E. Crum  11 BIRTHPLACE OF FATHER (State or country) Frderick CO	(Signed) State 10, State 1, M. D.  Och 29th, 191 H. (Address) Xibrily from  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
PAREN	13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER (State or country) OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENTS)  At place In the Of death yrs mos ds. State yrs, mos ds
	(Informant) Herting E, Crum	Where was disease contracted, If not at place of death?  Former or usual residence.
15	(Address). Walkersville	Place of Burial or REMOVAL DATE OF BURIAL Och 30, 1914
Fili	ed Gold 3/ 1914 Willer REGISTRAR	Junian & Barton Halkersville
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

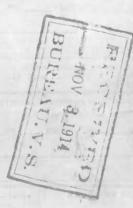


[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm. laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up ou account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucksis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the geuital," "Senile," etc.), "Dropsy," "Exhaustiou," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from mus," "Old Age," "Shoek," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopncumonia (secondary), 10 ds. Never report by earbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) may be stated under the head of Mcasles (disease causing death), 29 ds.; (Recommendations on statement of terminal conditions, such as "As-



oż

m ż

RECORD

PERMANENT stated EXACTLY.

PHYSICIANS should state of OCCUPATION is very properly classified. CAUSE OF Important.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

.....St.;.....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

<sup>2</sup> FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, Widoweo, OR OR RACE  SINGLE MARRIED, WIDOWEO, OR OLVORCEO (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
BDATE OF BIRTH Oct. 11,1914	Ocx. // 1914, to Ocx // 1914.
(Month) (Day) (Year)	that I last saw halive on
7 AGE K LESS than 1 da)hrs. ORmin-?	and that death occurred on the date stated above, at
B OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Carobably dead 3 or 4 days  (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  Fledrich 3m.	Contributory Several Coops of until
10 NAME OF FATHER Junt a Doll  11 BIRTHPLACE OF FATHER (State or country)  2 Maiden NAME OF MOTHER  OF MOTHER MANAGE OF MOTHER	(Signed)
of MOTHER Minian. Right  13 BIRTHPLACE OF MOTHER (State or country)  Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant). The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Fredericki My	MI- Olivet DATE OF BURIAL 1914
Filed 19 Clan J. Maleuraly	20 UNDERTAKER ADDRESS Realerrok
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health
Association.]

mine, etc. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING BEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a): Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative Mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage. as "Tuenperal septichaeetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," 'Uraemia," "Weakness," genital," "Senfle," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEVED NOV 5 1914 BUREAU, V. S

V. S. No. 1.

N. B.

1		d state s very
		Eyery Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	SICIAN
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1 PLACE OF DEATH 10050

### STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist, No. 184
Village or City Mary Mary Follows For	Sollege St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whit (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from OCL / 21, 191 4, to OCL / 24, 191 4
7 AGE (Month) (Day (Year)  1 LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at // // m.  The CAUSE OF DEATH* was as follows:
e OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Bustana of the Hendrands on Bus of The South
9 BIRTHPLACE (State or country)  10 NAME OF	Secondary  Chestory  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) Mulcuonen	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds
(Informant) The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 15 Filed O Cf 12, 191 Ms. H. Shadle	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OC., 191 4.  20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

Thysician, Compositor, Architect, Locomotive engineer, cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report speelfically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, additional live is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oeeupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertalned as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," genltal," "Senile," etc.), "Dropsy," "Exhaustlon, thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal eouditions, such as "Asample: Measles (disease eausing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichacvalvular heart disease; Chronic interstitial nephritis. eause of death approved by Committee on Nomenela-"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The eontributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Ex-



state PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. classified. INK-THIS AGE supplied UNFADING may carefully that WITH n terms, on back pino PLAINLY. ATH in plain instructions DEATH WRITE of OF Every Item CAUSE OF Important.

certificate.

PARENT

15

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

OF MOTHER

OF FATHER (State or country)

Very

1 PLACE OF DEATH



### STATE OF MARYLAND

ut/	CERTIFICATE OF DEATH
Johnson Co	Registration Dist, No. / 20
O a l l	
9-101h (No, -	St.;Ward) [If death occurred in a hospital or institution,
0 1	give its NAME Instead of street and number.]
NAME Sallu /ta	us the
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE,	16 DATE OF DEATH (let 20 1914
11 WIDOWED. Marrie	(Month) (Day (Year)
ORDIVORCEO (Write the word)	17 I HEREBY CERTIFY. That I attended deceased from
MI. III	Made 2n 3 lists covering a year
10 ay 14, 1886	that I last saw her alive on but Seft 1916
(Month) (Day (Year)	. 80 r
1 day,hrs.	and that death occurred on the date stated above, at
yrsmosds.   ORmin. ?	The CAUSE OF DEATH* was as follows:
	fuvereures freeze aux con
House infe	J
istry,	Madama
nt in yor)	(Duration) yrs. mos, ds.
	Contributory Mrt hming seem shere
Ma	Secondary low do not from I amy
0 , , , ,	(Doration) yrs Amos ds.
actual Hours	(Signed) / Charles M. D.
2- (	Uct 2/, 191 4 (Address) / Duely, Com
intry) MA	*State the DISEASE CAUSING DEATH, OF, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
ME &	TAL, SUICIDAL, or HOMICIDAL.
truly for	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
mill!	At place In the
intry)	of death yrs mos ds. State yrs mos ds
UE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
chus Itams in	Former or
7-8 60	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
CO. Ma ceus apa	02 1 7
, +101 0 17 1-	20 UNDERTAKER ADDRESS
, 191 4 / Myds/(who	
REGISTRAR	M. M. Clevisa Jefferson
il more planks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVORCEO (Write the word) DATE OF BIRTH (Month) (Da (Year 7 AGE If LESS ti OR ..... min. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF

N. B.





[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illcated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerpebal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanitlon," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent)



WRITE PLAINLY, WITH UNFADING INK-THIS IS

carefully supplied.

should be

of Information

N.B.

that It

See Instructions on back of certificate.

DEATH In plain terms, so

OF Every Item CAUSE OF Important.

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

County HEADTHAND VIIIage or City Knownile

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;----Ward)

[if death occurred in a hospital or institution,

FULL NAME Mary Margare	A Fry give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED Married WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17 & I hereby Certify, That I attended deceased from
7 AGE  7	that I last saw h. T. alive on DUX 9 4 , 1914.  and that death occurred on the date stated above, at 10 ft m,  The CAUSE OF DEATH* was as follows:
**SOCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Joseph Govelman  11 BIRTHPLACE OF FATHER (State or country) MILDING WALL OF FATHER (STATE OF FATHER STATE OF FATHER WALL OF FATHE	Contributory Secondary  (Duration)  yrs  mos  ds.  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Hamel Mass  13 BIRTHPLACE OF MOTHER (State or country) unknown  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.  OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?
(Address) Burnswith Ind 16 Filed \$26, 191 4 Lyni Registran	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Lout 28, 1914  20 UNDERTAKER  ADDRESS  ADDRESS  Brunswick Med



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the DIRLASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puebreral septichaecause. Always qualify all diseases resulting from ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 4 1914 BUINDAU. V.S.

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD UNFADING INK-THIS WRITE PLAINLY, WITH

PLACE OF DEATH	9999
Frederic	4



### STATE OF MADVI AND

Ornerub8 1

		STATE OF MARTLAND			
Cou	inty Frederich (28	CERTIFICATE OF DEATH			
	Village or City hear Commission St. Word [If death occurred in				
¥ 111	age of only	St.;—Ward) a hospital or lostitution, give its NAME lestead			
	FULL NAME Famile for	ley of street and nomber.]			
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
The	male White Single, Married Wiboweb, ORDIVERGED (Write the word)	DATE OF DEATH ON 13 1914 (Year)			
6 DA	TE OF BIRTH	I HEREBY CERTIFY, That I attanded deceased from			
	(Month) (Day (Year)	that I last saw h [4] alive on (CEX 13 , 1914.			
TAG		and that death occurred on the date stated above, at 12 m,			
	3.0 yrs 3 mos 27 ds 1 day,hrs.	The CAUSE OF DEATH* was as follows:			
(1)	Trade, profession, or Hause Welle	Tubrellini of Jungo!			
(b) bush	General nature of industry, ness, or establishment in the employed (or employer)	(Duration) 2 yrs mos ds.			
9 81	State or country) Frederich loo MI	Contributory Secondary			
	10 NAME OF HENRY EN Con	(Signed) Al Signe , M. D.			
NTS	OF FATHER (State or country) Franchische Con Mark	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT			
PARENTS	12 MAIDEN NAME OF MOTHER STANKE	TAL, SUICIDAL, OF HOMICIDAL.			
	13 BIRTHPLACE OF MOTHER (State or country)  Server	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONA, TRANSIENTA, OR RECENT RESIDENTS) At place   lo the   ot death yrs, mos, ds			
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?			
(	Informant) Comment Torrey	usuai residence			
	(Address) Consissed length fill	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
15	notry moder	20 UNDERTAKES ADDRESS.			
File	1007 14 1914 M. Fo Shall	ADDRESS			

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: duties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ctc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably Always qualify all diseases resulting from (Recommendations on statement of Never report For VIO-





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	N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	Important See Instructions on back of portificate
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Village or City Creaming County Place of Death  Village or City Creaming County  *FULL NAME Marie Colors	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  St.; Ward)  St.; Ward  St.; Ward of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  9 DATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  (Month) (Day) (Year)  17  I HEREBY CERTIFY, That I attended deceased from  25, 191 4 to 25, 191 4  that I last saw h alive on O 25, 191 X
TAGE  If LESS than 1 day,hrs. ORmin.?  COCCUPATION (a) Trade, profession, er particular kind of work.	and that death occurred on the date stated above, at
(b) Genoral nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  V)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) (Ouration) yrs. mos. ds.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds. State yrs, mos. ds.  Where was disease contracted, if not at place of death?————————————————————————————————————
(Address) 610 32111111	PLACE, OF BURIAL OR REMOVAL  PATE OF BURIAL  PATE OF BURIAL  ADDRESS  ADDRESS  ADDRESS  PLETTER OF BURIAL  ADDRESS  P. G. E. Franklin St., Balto., Requesting V. S. No. 1.  Md



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. It should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

losis of lungs, meninges, peritonaeum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cercbrospinal brospinal meningitis"); time and causation), using always the same accepted causing draft (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercufever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the disease Typhoid fcvcr (never report "Typhoid Diphtheria (avoid use of

> dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," ample: Measles (disease causing death), 29 cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronical ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report ter" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," For VIO-

tions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques





county Findings	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 144
Village or City Thurwit (No	St.; Ward)  [If death occurred la a hospital or institution, give its MAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, MIDDWED, OR DIVENCED (Write the word)  6 DATE OF BIRTH  A LA	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY GERTIFY, That I attended deceased from  (19)  (19)  (10)  (
(Mohth) (Pay) (Year)  7 AGE  If LESS than 1 day,hrs. oxmin.?  8 OCCUPATION (a) Trade, profession, er particular kind of work (b) General nature of industry,	and that death occurred on the date stated above, at 2 m, The GAUSE OF DEATH* was as follows:  Survey from OF Cisculat  Showing from OF Cisculat  Showing from
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER State or COUNTRY)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) (Duration) yrs. mos. ds.  (Signed) (Duration) ys. mos. ds.  (Signed) (Address) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Clava E. Hadra  (Address) Marin Bridge  15	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds.  Where was disease confracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  APDRESS
Filed 1919 1919 REGISTRAR  REGISTRAR  Af There blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulmine, etc. additional line is provided for the latter statement; Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death.—Name, first, the disease causing death.—Name, first, the disease causing death.—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia "Contributory." Accidental drowning; Struck by railway train-accichildbirth or miscarriage, as "Purpresal septichace ture of the American Medical Association. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maraswhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or Intercurrent tetanus) may be stated under the head "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhanstion," Examples:



PLACE OF DEATH / 19002	STATE OF MARYLAND
theolerick (2	CERTIFICATE OF DEATH
Gounty.	Registration Dist. No.
Montevue Hose	[It death occurred in
Village or City	St.; ward) a hospital or institution,
FULL NAME OSCAR 13. A	affleigh give Its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word)	(Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH QCT 1890	1914, to Och 1914.
(Month) (Day (Year)	that I last saw h live on left 7 1914.
7 AGE It LESS than	and that death occurred on the date stated above, atm,
23 yrs mos 25 ds OR mln.?	The CAUSE OF DEATH * was as follows:
6 OCCUPATION A P	Julmonry Jeanshage
(a) Trade, protession, or Harry Caborer	f
(b) General nature of industry,	1.0
business, or establishment in which employed (or employer)	(Duration) yrs. mos. 6 huys.
9 BIRTHPLACE 400	Contributory Galmany Tuberalbeis Secondary
Har Maryland	(Duration) yrs mos 8 ds.
10 NAME OF Daniel Herfleigh	(Signed) . M. D.
of Father Maryland	Cell 191 (Address) Tackhersh Mg
Z Granten Mayland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Chesere fartmay	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER MOTHER	At place of death yrs. 5 mos 2 ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) there W. Rece supply	Former or synchological and
(Address) Mederick Med for	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 1010 1 (1-1) G. 1 1 200	29 UNDERTAKER ADDRESS
Filed 1914 Applicar C	H.W. Obendander How The die Pik
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Bayo., Requesting V. S. No. 1.



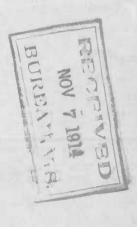


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL poritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ralvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc. of..... (name origiu; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inaultlon," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), (Recommendatious on statement of "Dropsy," "Exhaustion," death), 29 ds. State cause for



RECORD

A PERMANENT

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.

County Figuredorick (2)	STATE OF MARYLAND CERTIFICATE OF DEATH
*Hage or OHy Montevus Hosfus (No. 1) *FULL NAME Margaret A	Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Florale White Single, Married, Widow or Orbivorce (Write the word)  6 DATE OF BIRTH  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, WODWED, Worde the word)  1843	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from 25, 1914, to Och 27, 1914.
(Month) (Day (Year)	that I last saw help alive on the 11914
7 AGE 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Many Land	Contributory Pulmonary Tuberculoine Secondary  (Duration)  yrs. mos 3 ds.  Contributory Pulmonary Tuberculoine Secondary
11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER MARS A PLACE  14 MOTHER MARS A PLACE  15 MOTHER MARS A PLACE  16 MOTHER MARS A PLACE  17 MOTHER MARS A PLACE  18 MOTHER MARS A PLACE  19 MOTHER MARS A PLACE  19 MOTHER MARS A PLACE  10 NAME OF FATHER MARS A PLACE  10 NAME OF FATHER MARS A PLACE  11 BIRTHPLACE  OF MOTHER MARS A PLACE  12 MOTHER MARS A PLACE  13 MOTHER MARS A PLACE  14 MOTHER MARS A PLACE  15 MOTHER MARS A PLACE  16 MOTHER MARS A PLACE  17 MOTHER MARS A PLACE  18 MOTHER MARS A PLACE  19 MOTHER MARS A PLACE  10	(Signed) , M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary Land	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of deathyrsmosds. Stateyrsmosds
(Interment) Him Withe Sunt (Address) And Hardenick Mid.	Where was disease contracted, it not at place of deaths.  Former or the first and the second
15 My adronle	Mex. Olivet bom Oct 29, 1914

Firederick. Rice If more Manks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations who receive a definite salary), may be entered as "Mauager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaenant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acci-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopmcumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The coutributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For Vio-



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION Is very properly classified. Exact statement stated EXACTLY. AGE should be carefully supplied. that it may be See instructions on back of certificate. of information should be N. B.—Every Item CAUSE OF Important.

RECORD

PERMANENT

County Frederick 10004



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City State Landform, 2FULL NAME William). Herr	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White be word)  3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIEO, WIDOWED, OROIVORCEO (Write the word)	16 DATE OF DEATH QCA. Z , 1914.  (Month) (Day (Year)
7 AGE   Company   17   1881   18   18   18   18   18	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Maryland  10 NAME OF FATHER Michael J. Henrelssie	Contributory Eschanter Secondary  (Duration)  (Duration)  (Duration)  (Signed)  (Signed)  (Duration)  (Duration)  (Duration)  (Signed)  (Signed)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (Signed)
11 BIRTHPLACE OF FATHER (State or country) Mayland  12 MAIDEN NAME OF MOTHER Cultural Doyle  13 BIRTHPLACE OF MOTHER (State or country) Maryland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs. mos. 0 ds. State yrs. mos. ds  Where was disease contracted,
(Address) State Sanatorium, My.  16 Filed Och 31, 1914, le. A. Sterner REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  M. S. CLEGGE  There is a place of Burial  Address  There is the second of the s

If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

S. No. 1.



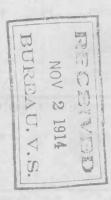


[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various parsuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: uess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

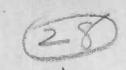
Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified. Is indefinite): Tuberculcis of lungs, meninges, peritonacum, etc., Carcin-

affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Maras theuia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Assuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio childbirth or miscarriage as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopucumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably snieide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated nuder the head (Recommendations on statement of "Dropsy," "Exhaustion," "Puerperal septichae Never report



No. 1. 02

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St.;....Ward)

[It death occurred in a hospital or institution,

FULL NAME Euro E. Hen	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Married, Wilder, ORDIVORGED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
7 AGE 37 yrs 8 mos 20 ds. 7877  30 , 1877 (Year)  7 AGE 37 yrs 8 mos 20 ds. 0R min.?	that I last saw h ON alive on Cel. 20 , 1914, and that death occurred on the date stated above, at 10:00 a, m.  The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, protession, or particular kind of work.  (b) Generat nature of industry, business, or establishment in which employed (or employer)	Pulmonary & Longrand Tubuculoris (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maylond,	Gontributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER Column to the Column to th	(Signed) . Doward Jeogen M. D.  Ock. 20, 1914 (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. 2 mos. 29 ds. State yrs. ds  Where was disease contracted, (1)
(informant) W. a. Souther.  (Address) State Janaboum, Ind.	It not at place of death?  Former or usual residence 906 W. Fayette H. Balto, M.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed N 31, 1914, C. A. Steve	Bollimore, Md - 2, 1914, 20 UNDERTAKER M. S. Creoger Thurmond, Ind.
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Basto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work aud also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-thus: Farmer (retired 6 yrs.) For persons Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere; brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (uame origin; "Cauaffection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inaution," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal coudiffuis, such as "As-Bronehopneumonia (secondary), 10 ds. Never report ample: cause of death approved by Committee on Nomencla sepsis, tetanus) iujury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," may be stated under the head (Recommendations on statement of "PUERPERAL septiehae "Exhaustiou," For Vio-



PLACE OF DEATH 10006  County Jude 1215	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 40
Village or City wodstord (No	St.; Ward)  [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE   6 SINGLE, MARRIED   WIDOWED   OR DIVERCED   OR DIVERCED   Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from 1913, to 1914,
(Month) (Day) (Year)	that I hast saw har alive on that 1 other 1914
TAGE  If LESS than 1 day,hrs. ormin.?  **OCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment to which employed (or empleyer)  BIRTHPLACE (State or country)	Contributory Susufficient ds.
OF FATHER  OF FATHER  OF FATHER  OF FATHER  OF State or country)  12 Maiden Name  OF MOTHER	(Signed)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Manueland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
Interment of the BEST OF MY KNOWLEDGE  (Address) A Dollar Street of MY KNOWLEDGE  (Address) A Dollar Street of MY KNOWLEDGE	Where was disease contracted, If oot at place of death?  Former or Usual residence
Filed Oel 3, 191. REGISTRAR  Fig more blanks are needed, address State Registra	20 UN DERTAKER  ADDRESS  Lacelts Toward fordabord  G. E. Franklin St. Polite Bounding V. S. N. J.



[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfuily employed, as At school or At home. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomenciainjury, as fracture of skuil, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUEEPEEAL septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchonneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci--Kart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. B. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Persoleries (	CERTIFICATE OF DEATH
7 0 911	Registration Dist. No. 140
*FULL NAME Russell Co.	St.; Ward) a hospital or Institution
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, OR OLOR OR OR OLOR	16 DATE OF DEATH  Oct. 22, 1914  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
8 DATE OF BIRTH  Aug. 26, 1914  (Month) (Day) (Tear)	that I last saw have allve on Oct 22 1914
7 AGE If LESS than 1 day,hrs. ORmio.?	and that death occurred on the date stated above, at 3 Pr. m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Frade, protession, or particular kind at work	Causing a general Marornes
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Ended in Consumate Contributory
(State or country) Hreaderick Co	(Secondary) (Duration) yrs mos ds.
10 NAME OF Charles W. Hornen	(Signed) 6 A Plant, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME O	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother James Smith	18 FNGTH OF BESIDENCE (FOR HOSPITALE INC.
13 BIRTHPLACE OF MOTHER (State or country) Frederick 60.	At place all the line In the of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant). Ches. W. Harris	Where was disease contracted, it not at place of death?  Former or usual residence.
(Address) Losefars Wel.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FILE CET 24, 194 Dowell	20 UNDERTAKER ADDRESS
REGISTRAR	G. E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease causing death—Name accepted them and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowin ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -hart fallure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



PHYSICIANS should state of OCCUPATION is very

Exact statement

properly classified. should

AGE

carefully supplied.

DEATH in plain terms, so that it may be

Item of Information should be See instructions on back

of certificate.

RECORD

PERMANENT stated EXACTLY.

UNFADING INK-THIS

PLAINLY, WITH

WRITE

### 1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[It death occurred in a hospital or Institution, give its NAME instead

ADDRESS

FULL NAME Mary /11, Stor	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, Infant Temale Widower, Widower, Wildows, Ordivorced (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH  (Month), (Day  (Year)	Hef 1 1914, to Och 31, 1914, that I last saw have alive on Coch 31, 1914.
7 AGE  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
e occupation  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Auch (o.	Secondary
10 NAME OF FATHER PIEN BERRY HOUSE JS.  11 BIRTHPLACE OF FATHER (State or country) Fried Leg.  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Cun a beth B. Conold  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos, ds  Where was disease contracted, it not at place of death? Former or
(Address) Burkittaville Inch	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Every Item of CAUSE OF Important. S m. ż



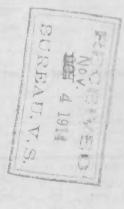


[Approved by U. S. Census and American Public Health Association.]

statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in iudustrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

valcular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations ou statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras geuital," "Seuile," ctc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affectiou ueed not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Couvulsions," "Debility" ("Conis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Exhaustiou," For vio-



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state TDEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Very. See instructions on back of certificate.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF I

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	48

 ,	

Ward)

[if death occurred in a hospifal or institution,

*FULL NAME Quae Q	give lis MAME Instead of streef and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Glack Single,  Married,  Middle Glack Widowed, ringle  ORDIVORCED  (Write the word)	16 DATE OF DEATH Oct /8. ,1914 (Month) (Day (Year)
TAGE OF BIRTH  Chil 26  (Month) (Day (Year)  TAGE OF MOS 22 ds. OR MIN.?	17   HEREBY CERTIFY, That I attended deceased from
e occupation (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Ho dwelar in altriduces  (Duration) yrs mos. ds.
9 BIRTHPLACE (State or country) Freelerick  10 NAME OF FATHER Range Grant Gran	Contributory Secondary  (Duration)  yrs
of Mother Coeky Curget  13 BIRTHPLACE OF MOTHER (State or country) Preduck  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Chas Sudd	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs, mos. ds. State yrs, mos. ds  Where was disease confracted, if not at place of death?  Former or usual residence.
(Address) New Windson mg  16 Filed Oct 2 1, 1914 St. N. N. Psam  REGISTRAN	not place of Burial or REMOVAL DATE OF BURIAL ON PLANE CONTROL OF SURIAL OF BURIAL OF SURIAL OF

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

N.B.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaenant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: accidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. For vioetc, when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory tctanus) may be stated under the head Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



WRITE PLAINLY, WITH UNFADING INK-THIS IS

### carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OGGUPATION is very RECORD PERMANENT 4 Item of information should be carefully su OF DEATH in plain terms, so that it manners. See instructions on back of certificate. CAUSE OF I

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	1 PLACE OF DEATH	STATE OF MARYLAND	
1	J. 8% 10010 File	CERTIFICATE (	OF DEATH
Got	unty 10010	Registration D	Ist. No. 120
Vii	lage or City Lune / Culm (No	St.; War	d) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE O	F DEATH
3 SE)	4 COLOR OR RACE  S SINGLE,  MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month)  17 I HEREBY CERTIFY, That	(Day) (Year)
8 DATE OF BIRTH  Sold (Day) (Year)		May 1914 to Qc	+ 16 101 4
		that I last saw h. allve on Oet	15 ,191 4
7 AGE If LESS than 1 day,hrs. ORmin.?		and that death occurred on the date stated above, at A m, The CAUSE OF DEATH* was as follows:	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		(Duration)	yrs mos ds.
9 BIRTHPLACE (State or country)		Contributory (Secondary)	
	10 NAME OF Richas C. Offutt 11 BIRTHPLACE	(Signed) / Cey de Coul-	
RENT	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF, CAUSES, state (1) MEANS OF INJURY; AN	In deaths from VIOLENT
PAR	12 MAIDEN NAME OF MOTHER CASSIE Police	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS.	
-	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State	yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Caroline Brown		Where was disease contracted, If not at place of death?  Former or usual residence.	
	(Address) Line / Cilu	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

No. 1. 00 :...

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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or indust; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thime and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis

mia," "Puerperal peritonitis," etc. State causo for childbirth or miscarriage. as "Purpresal scottchaemus," "Old Age," "Shock." 'Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla. sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railreay train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measics (disease causing affection need not he stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .... "Contributory." is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," \_\_ (name origin; "Candeath), 29 ds.: Never report Examples:



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V. S. No. 1.

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. N. B.—Every Item of CAUSE OF I

PLACE OF DEATH County Frederich 10011  Near Village or City Reare (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 38  St.; Ward)  [It death occurred is a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White Single, Married, Morred Widowson, Or DIVERGED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I hereby certify, That I attended deceased from	
7 AGE     1843   (Year)   7 AGE     1843   (Year)   (Year)   1843   (Year)   (Year	and that death occurred on the date stated above, at 10.30 Am.  The CAUSE OF DEATH* was as follows:  Natural energy, For Pications	
(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishmant in which employed (or employer)  Returned 7 yrs.	(Duration) yrs mos. ds.	
9 BIRTHPLACE (State or country) Manyland  10 NAME OF FATHER Joseph la Hoeller  11 BIRTHPLACE OF RATHER (State or country) Manyland  12 Maiden NAME OF MOTHER Many E. Anderson  13 BIRTHPLACE OF MOTHER (State or country) Manyland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Boration) yrs mos ds.  (Signed) Address Aurice Myrodogem. D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)  At place in the ot death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, it not at place of death?	
(Interment) Mans. George Moeller  (Address /17 S. Fielton Ave Balto Mos	Former or usual residança.	

Frederick, M more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

Near Pearl

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of



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PLACE OF DEATH County Frederick Co	1001	245	- 19
		The Country of the Co	

### STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No ... fif death occurred in -Ward) a hospital or Institution, give its NAME Instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOROR RACE MARRIED, mar WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day hrs. BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLA (Address OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place to the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs. Where was disease contracted. If not at place of death? Former or usoal residence DATE OF BURIAL 15



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e.g., nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



of occur	t statement	E OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUI and Sea instructions on back of certificate.	e properly	t may b	that i	n terms, 1	E OF DEATH In plain terms, so that it means had see instructions on back of certificate.	TO T
HYSICIA	EXACTLY. P	Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAI	d. AGE sh	y supplie	carefull	should be	of Information	Item

VS should state

PLACE OF DEATH	10013
County Trederick	·····

Village or City State Sanoto Houn



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 134

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 3	٠.	9	W	y a	ru,	,

Ilt death occurred la a hospital or institution, give Its NAME Instead of street and number.]

	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 8	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  Oct. 12, 1914,  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 D	ATE OF BIRTH	July 29, 1914, to Oct. 12, 1914,
3	(Month) (Day (Year)	that I last saw here alive on Oct. 12, 1914
7 A		and that death occurred on the date stated above, at 10:55-P.m.
	34 yrs 8 mos 21 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a	CCUPATION ) Trade, protession, or Tailor urticular kind of work	Palmonary Tuberculosis
bus	) General nature of Industry, siness, or establishmeot in ich employed (or employer)	(Duration) yrs. 4 mos. ds.
9 B	(State or country) Russia Poland.	Contributory Eschaustron Secondary
	10 NAME OF JOD. Kuriota.	(Signed) W. Howard Je ager , M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Russia Poland,	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
PAR	of Mother Course Make	TAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Russia Poland,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs, mos ds. State yrs, mos ds
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, bulkwown,
	(Informant) . Stughes.	Former or usual residence 846 G. Prott Al, Ballo, rud.
	(Address) Have I anatorium, hid.	19 PLACE OF BURIAL DATE OF BURIAL
1.5 FII	100 00+31, 1914. C. A Stern	Ballinge, Mid. 1914.
	REGISTRAR	M. S. Creoger, Thurmout, ned.
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemuid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner. (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canwhich surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or mlscarriage as etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.: may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "Puerreral septichae-



# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

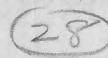
S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD

1 PLACE OF DEATH

10014



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME lostead of street and number.]

2 FULL NAME Tanne Jaluarha	1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Formule White Single, Married, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Deft - 2 ( 1914, to D. 1914, that I last saw h. 24 alive on Deft. 30 , 1914
7 AGE    If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 7.550. m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Introvilly Introdos
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos ds.
O 11 BIRTHPLACE	(Signed) N Itoward Hagel N. D. Quelle, 1914 (Address) State Panalonum, Mo
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a.  13 BIRTHPLACE OF MOTHER (State or country) Russia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs mes ds ds ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	Where was disease centracted, Inchinant if not at piace of death?  Former or Usual residence
(Address) State Dahaloum, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  By Linual Math. 191//
Filed Oct 31, 1914, G. A Stews	20 UNDERTAKER ADDRESS
	trar, 6 E. Franklin St., Balton Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

-(a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; applies to each and every person, irrespective of age. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (uame origin; "Canchildbirth or miscarriage as ctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acei such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of "PUERPERAL septichac



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

-Every item of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact ststement of OCCUPATION is very important. See instructions on back of certificate.

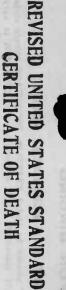
N.B.

### 1 PLACE OF DEATH 18015



### STATE OF MARYLAND CERTIFICATE OF DEATH

County Tudirelle 117	Registration Dist, No. 13 4.
Village or City Int. St. Many (No,	St.; Ward)  [it death occurred to a hospital or iostitution, give its NAME lestead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Acolor or Race Single, MARRIED, WIDOWED, WIDOWED, ORDIVORCEO (Write the word)  8 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day  (Year)  17  16 HEREBY GERTIFY. That I attended deceased from
(Month) (Day (Year)	that I last saw h 1 alive on Oct 24 4 1914
7 AGE  18 LESS than 1 day,hrs.  OR min.?	and that death occurred on the date stated above, at 3 Pm. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.  (b) Beneral nature of Industry, business, or establishment in which employed (or employer).  BIRTHPLACE	(Duration) yrs mos / b ds.  Contributory Cub it lary
(State or country) New Orleans La.	Hemortiage (Deration) yrs mos files.
of FATHER (State or country) France.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother atherais Durnitry  13 BIRTHPLACE OF MOTHER (State or country) New Orleans La.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Interment) D. D. Lagarde	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS)  At place is the of deathyrs,mosds  Where was disease contracted, If not at place of death?Former nr
(Address) Samistan, alabama.  16 Filed 6 C + 26, 191 4 The France REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  At. St. Maryo Md. Det. 27, 1914  20 UNDERTAKER  M. A. Ofuff Cruitchurg Md



[Approved by U. S. Consus and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Honsewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealcr," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (discase eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10016 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 134

St.; Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
all White the word)	16 DATE OF DEATH Oct, 13, 1914 (Month) (Day (Year)
TE OF BIRTH  May  Z1  (Month)  (Day  (Year)	that I last saw hum alive on Oct. 12, 1914
19 yrs. 4 mos. 22 ds. OR. min.?	and that death occurred on the date stated above, at 12:450, m. The CAUSE OF DEATH * was as follows:
CCUPATION Trade, protession, or ticular kind of work	Pulmonary & Longin geal Tuberenlosis  (Buration) yrs. 7 mos. ds.
10 NAME OF FATHER Uncent Landusky 1.	Contributory Exhaustion Secondary  (Buration) yrs mos ds.  (Signed) W. Howard yeage, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs. 5 mos. 4 ds. State yrs. mos. ds  Where wes disease contracted, 4
Informant) V. J. Hughes.  (Address) State Danalonin Md.	Former or usual residence 104 S. Parport, Balto, Md.
Oct 31, 1914, Cat. Stem.	Collinge, Md ? 1914,
	TE OF BIRTH  TE OF BIRTH  TO THE MONTH (Day (Year) (Write the word)  TE OF BIRTH  TO THE MOS RED (Write the word)  Trade, protession, or ficular kind of work.  General nature of industry, mess, or establishment in the employed (or employer)  The mos Red (or employ

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each aud every person, irrespective of age. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diputheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Canaffectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. mia," "Puerperal peritonitis," etc. State cause for ctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae The uature of the Never report



RECORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1. N.B.

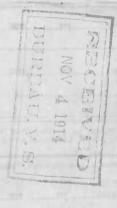
ounty Frederick 10017	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 154
Village or City Emmils by No. 1, -	St.; Ward)  [If death occorred is a hospital or lostitution, give its NAME lastead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Whits Single, Marked, Wile Bons on Date of Birth	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended decessed from
(Month) (Day (Year)	that I last saw h 22 alive on
7 AGE Still Borre If LESS than 1 day,hrs.  yrs	and that desth occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Frederick loo IIII	(Duration) yrs mos ds.  Contributory Secondary
10 NAME OF FATHER Stand Provide Conference of FATHER (State or country) Frederich Co MINISTRATION OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Frederices los MA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
(Informant)	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) 15 Filed 191 Filed REGISTRAR	DATE OF BURIAL  OUT TO UN DERTAKER  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. Exnant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," of



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

carefully supplied.

of Information should be

Item OF Every Item CAUSE OF Important.

N. B.

RECORD

### V. S. No. 1.

### PHYSICIANS should state of OCCUPATION is very DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate.

AGE should be stated EXACTLY.

10018



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. /3/

Frederick

- <del>Vil</del>	lage or Cit		wen Mo		t.;Ward)	[if death occurred in a hospital or institution, give its NAME Instead of street and nomber.]
-	PERS	ONAL AND STATISTI	CAL PARTICULARS	MEDICAL O	ERTIFICATE OF	DEATH
3 s	ex Pale	A COLOR OR RACE	SSINGLE, Married WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH	OA (Month)	23 ,1914 (Day (Year)
6 D	ATE OF BIR	TH  Greb  (Month)	/2 , 185% (Day (Year)	1/11/2	Y to Och.	23, 191 4
<sup>7</sup> A		5'8 yrs 8	if LESS than 1 day,hrs. ORmin.?	and that death occurred on The CAUSE OF DEATH* w	as as follows:	
(a pa	CCUPATION ) Trade, professiviticular kind of ) General nature	on, or <i>Blach</i> work. Blach		Chronic		Mennight
Wh	siness, or esta ich employed (or IRTHPLACE (State or co	untry)	land	Contributory Cless Secondary	liolier	yrs mos ds
ARENTS	11 BIRTHP OF FAT (State	Grank HACE THER	McCanner	(Signed)	dress) Th	Cudix, M. D.
PAR	12 MAIDEN OF MO	NAME THER OF M	of know	*State the DISEASE CAL CAUSEN, state (1) MEANS TAL, SUICIDAL, OF HOMICIA 18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death yrs, mos	(FOR HOSPITALS,	INSTITUTIONS, TRANSIENTS
	(Intermanty M	loss Ower	TOF MY KNOWLEDGE	Where was disease contracted, if not at piace of death?————————————————————————————————————		
16	0	40	atrick St	Mot. Olivet  20 UNDERTAKER		DATE OF BURIAL  OCT 25, 1914



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." scpsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-(Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Hendry

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in piain terms, so that it may be properly classified. Exact statement of OGGUPATION is very

RECORD

PERMANENT

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### 1 PLACE OF DEATH Frederick 10019



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.	Registration	Dist,	No.	10	7
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M)	2.200 Mary 100 100 100 100 100 100 100 100 100 10	
Village or City Braddock (N	0	

St.; Ward)

[If death occurred in a hospital or lostitution,

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G DATE OF BIRTH  4 COLOR OR RACE SINGLE, MARRIED: Married Wildowed, ORDIVORCEO (Write the word)	(Month) (Day (Year)
Jan 25, 1890 (Month) (Day (Year)	that I last saw h allve on (191.5
7 AGE   If LESS than 1 day, hrs. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	The Later Community
business, or establishment in which employed (or employer)	Contributory Contributory Contributory Contributory
9 BIRTHPLACE (State or country) Manyland  10 NAME OF FATHER 0 94 4	Secondary (Duration) yrs mos (Signed) (Signed) William M.
11 BIRTHPLACE OF FATHER (State or country) Meangland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental Company of the control of the contr
12 MAIDEN NAME OF MOTHER Meany & Wright  13 BIRTHPLACE OF MOTHER (State or country) Maryland	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  At place In the Of deathyrs,mos ds. Stateyrs,mos
(Interment) Mors John Killian	Where was disease contracted, If not at place of death?  Former or Usual residence.
(Address) Overlea Med	Middletown Mod Oct 16, 191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



### 3

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head Never report



RECORD	PHYSICIANS should state t of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1)

PLACE OF DEATH

10020



### STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty	LA CERTIFICATE O	(2)
/		Registration Dis	it. No. 150
Vill	2 FULL NAME Frederick albe	ertus Michael	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL GERTIFICATE O	F DEATH
3 51	Wolf Word Specific (Write the word)	(Month)  I HEREBY GERTIFY, That	, 191 4 (Year)
	May /D , 18 4 4 (Month) (Day (Year)	that I last saw h we allve on Q	2 7 , 191 4 17 , 191 4
(a) par (b) bus	If LESS than f day,hrs.  70 yrs # mos 2.7 ds OR mln.?  CCUPATION Trade, profession, or ricular kind of work.  General nature of industry, iness, or establishment in		above, at S. A. m., refiel Hermonder, yrs. mos. 9 ds.
	RTHPLACE (State or country) Fredk Co Md	Contributory Premium Secondary (Duration)	yrs mos 3 6 Gran
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Fred Co Md  12 MAIDEN NAME	(Signed)	sie , M. D.
14 T	13 BIRTHPLACE OF MOTHER (State or country) Freda Co MA  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Curcle William	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place in the of death yrs mos ds. State Where was disease contracted, if not at place of death? Former or	
16	(Address) Fusinih	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL  Def 9 , 191
File	ed Oct 7, 1914 T. Clyde Apulano	20 UNDERTAKER C C Couty	ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (Recommendations on statement of (secondary or intercurrent) Never report



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		should s
•	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPACION is very important. See instructions on back of certificate.
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	INFA	Every Item of Information should be carefully sui CAUSE OF DEATH in plain terms, so that it me Important. See instructions on back of certificate.
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No. 1.		CAU

N. B.

1 PLACE OF DEATH 10462 County Tredonik

### STATE OF MARYLAND CERTIFICATE OF DEATH

2	9

	0.	A 0	
	City State	Land	Drue.
Village or	City		(No,,

.St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead

FULL NAME Goguslava M	ukucli of sfreef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fluide White Single, Married, Widowed, Orbivorceo (Write the word)	16 DATE OF DEATH Oct. 31 ,1914 (Year)
6 DATE OF BIRTH  Dec., 76, 1878  (Month) (Day (Year)	that I last saw h alive on Och. 31, 1914,
7 AGE   If LESS than 1 day,hrs. or min.?	and that death occurred on the date stated above, at 8:10 Pm.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	Pulmonary Internatores
which employed (or employer)  9 BIRTHPLACE (State or country)  One of the country	Contributory Escandary  (Duration) yrs mos ds.  (Duration) yrs mos ds.
10 NAME OF Frank Bohawska  11 BIRTHPLACE OF FATHER (State or country) Hermany,	(Signed) N. Howard Je age M. D. Oct. 31, 191 X (Address) Plate Haratourus, 124 *State the DISEASE CAUSING DEATH, or, in deaths from Violent
12 MAIDEN NAME Pelogi Ralka  13 BIRTHPLACE OF MOTHER (State or country) Jeruany,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of deathyrsmosds
(Informant) N. N. Hardrey.	Where was disease contracted, unleur if not at place of death?  Former or usual residence 314 M. Sarlene M. Balta.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Arthur 1914 6 A Stern	Bollinge, Ind ? 1914



[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: applies to each and every person, irrespective of age. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various parsuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborerwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercurospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ungnalified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital." "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronehopucumonia (secondary), 10 ds. Never report scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS STATE MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-



UNFADING INK-THIS

PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

should be

AGE

Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

RECORD

PERMANENT stated EXACTLY.

WRITE PLAINLY, WITH

V. S. No. 1.

N. W.

VIIIage or City Bolnear (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 13  St.; Ward)  [It death occurred in a hospital or institution,
*FULL NAME haomi Gren	e bulles give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femala White Single, Single, wisowen, Single (Write the word)	16 DATE OF DEATH (C) (Month) (Day (Year))  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH May 23 1905	Gonf 30 1914, 10 LOCT 2 , 1914
(Mopth) (Day (Year)	and that death occurred on the date stated above, at 6.45. A. m.
yrs	The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work	Queto Brighto discore
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 7 ds
State or country) Mary Panols	Secondary (Duration) 2 work mos ds
10 NAME OF Charles & milles	(Signed) Cosussickly, N. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
a 12 MAIDEN NAME Jaron & Derr	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Mary lund	At place In the ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY WHOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) Charles A March	usual residence.
(Address) Middlelows Bight for	middletown and wet # 1812
Filed 04 4 1914 1 augs	William & Bast Brown ban good



[Approved by U. S. Census and American Public Health Assoclation.]

ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive cngineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (4)

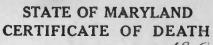
Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a defluite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 40 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report



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Gounty Frederick 10022 Village or City State Sanalonium.
2FULL NAME William R. Ymlls



Registration Dist. No. 13.9

..St.;.....Ward)

It death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
n	rale White	SAGE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH	(Month) BY CERTIFY, That	(Day	, 1914 (Year)
6 D	ATE OF BIRTH	onth) (Day (Year)	July 26	1914 to O	cs. 7,	1914,
7 A	27 yrs	4 mos ds. lf LESS than 1 day,hrs.	and that death occurred The CAUSE OF DEATH			7:05 (Lim.
(a)	CCUPATION Trade, profession, or rticular kind of work	Perk	Pulm	may In	berules.	
bus	General nature of industry, Iness, or establishment in ch employed (or employer)	ffice		(Duration)	yrs. 18	mosds.
9 BI		ugland	Contributory Secondary	(Duration)	vrs.	mae de
STNE	11 BIRTHPLACE OF FATHER (State or country)	a q. mills	(Signed) W. How.	(Address) Late	parole	, M. D.
PARE	13 BIRTHPLACE OF MOTHER (State or country)	Reamond.	TAL, SUICIDAL, OF HOS	EANS OF INJURY; MICIDAL.  NCE (FOR HOSPITAL )	and (2) wheth	ier Acciden-
	(Interment) U. J. Je	BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?  Former or usual residence.   2.2	1. lacel lace	in Park (	mos. ds
16 File	(Address) 6 de 1.31, 1914,	Bete Stew REGISTRAR	Bullium 20 UNDERTAKER VILLES CLA	2 Md	ADDRESS	1914
	If more bla	inks are needed, address State Regis	strar, 6 E. Franklin St., Ba	ito., Requesting V.	S. No. 1.	V. 11-4.



[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged-in-domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqnalified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitiul nephritis. nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puebperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Excer" is less definite; avoid use of "Tnmor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report thre of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion,"



PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly classified. 4 UNFADING INK-THIS AGE supplied. WITH in plain

County

No. 1 υż CAUSE OF Important, S

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

 	[it death	occurre

a hospital or Institution,

	²FULL NAME	Mounty	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3,5	Amale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month)  17 I HEREBY CERTIFY. The	(Day (Year)
6 D	(Month) (Day (Year)	that I last saw hallys on	2) D, 191/1,
TA	SE Stall born 1 day,hrs.  or. mos. ds. or. min.?	and that dasth occurred on the data atate. The CAUSE OF DEATH* was as follows:	
(a pa (b) bus wh	Trade, profession, or ricular kind of work		
	10 NAME OF FATHER TO MOUNTY  11 BIRTHPLACE	SXIIIII	yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
4	13 BIRTHPLACE OF MOTHER (State or country)		s, Institutions, Transients,
14 -	(Informant) Harry Morrely	Where was disease contracted, if not at place of death?  Former or usual residence	
15	(Address) ATA A	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
FI	led bet 9 , 1814 Sayava D. Susofe	20 UNDERTAKER	ADDRESS



### 2

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tetanus) may be stated under the head mia," "Puerperal peritonitis," etc. State canse for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig cause of death approved by Committee on Nomencla-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canthree of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease cansing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhanstion," Never report



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

See instructions on back of certificate.

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Item LO Every item CAUSE OF important.

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7 AGE	
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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

SE	-	Ward	1	

[If death occurred in hospital or institution.

FULL NAME George H.	Mull give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Made White (Write the word)	(MOREII) (Day (Teal)
Moay 25', 1832.  (Month) (Day (Year)	that I last saw h in alive on Och, 17, 1914
7 AGE   If LESS than   1 day,	and that death occurred on the date stated above, at \$15 \mathfrak{M} m, The CAUSE OF DEATH* was as follows:  Learcinoma of Liver
(a) Trade, profession, or Harmer, Retired 100  (b) Consol netwo of Industry	***************************************
(b) General nature of Industry, business, or establishment in which employed (or employer)  **SERTHPLACE** (State or country)  **Constant Theories**  **Constant	Contributory Valorular disease grandary Heart (Ourstion) 5 yrs mos ds
10 NAME OF FATHER George Mould  11 BIRTHPLACE OF FATHER (State or country) Virginia  12 MAIDEN NAME OF MOTHER MOTHER GEORGE	(Signed) OMMS, F. Goodee, M. D.  10/21, 191 (Address) Tudocofe md  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or osual residence.
(Address) Boaddock.  Filed Las 1914 FM Loodenac	19 PLACE OF BURIAL OR REMOVAL GOOM, Oct 32, 1914. 20 UNDERTAKER ADDRESS

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. Never return "Laborer," "Foreman," statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronio LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. E. R. Boocless

SICIANS should occupation is PHYSICIANS RECORD statemen PERMANENT EXACTLY. Exact classified. 4 be THIS properly Ш be UNFADING may certificate. 80 0 WITH back terms, pinous 6 plain Instructions Information ٤ 7 EATH 50 A Item OF Every Item CAUSE OF Important.

PLACE OF DEATH . 10025 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5.SINGLE 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above 1 day ..... hrs. The CAUSE OF DEATH \* OR ..... min. ? ...mos. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. THE ABOVE IS TRUE TO KNOWLEDGE It not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR SEMOVA (Address)..... OF BURIAL 15 20 UNDER ADDRESS REGISTRA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applles to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic "Collapse," "Coma," "Convulsions," "Debillty" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisbned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for For vio-



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD

properly classifled.

of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate.

N.B.—Every item CAUSE OF I

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AGE

PERMANENT

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 10026  County Frederick (No. 9.	give its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Gernale Colored (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
OA O 1914. (Month) (Day (Year)	that I last saw have alive on
7 AGE   If LESS than 1 day, .Q.hrs. ORQ.min. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Still born
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) May anyland	Secondary (Buratlan)
10 NAME OF FATHER George Nelson  11 BIRTHPLACE	(Signed) (Duration) yrs mes ds.  (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) Manyland  12 MAIDEN NAME OF MOTHER ()	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Manyland	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs,mosds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?

(Address)

16

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

OF BURIAL OR REMOVAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

usual residence



[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucists of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) (Recommendations on statement of

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BURE 1914

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Instructions

state

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cated thus: Servant, Cook; Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, ctc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia disease of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (secondary or intercurrent)

If this certificate is looked over tho during and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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UNFADING INK-THIS WRITE PLAINLY, WITH

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 important. See instructions on back of certificate.

PLACE OF DEATH 1902 County Hyrdanich	7
Village or City New MY Pleasan	

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Elt deat

...St.;.....Ward)

[It death occurred in a hospital or institution, give its NAME instead

FULL NAME Still Dor	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thale lesson (Write the word)	16 DATE OF DEATH (Month) (Day (Year))
6 DATE OF BIRTH Oct. 12. (Month) (Day (Year)	that I last saw h in a 110 DEUL 1 1914.
Still Borowyrs	and that death occurred on the date stated above, at the m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Hartin Quration) yrs. mos. ds.
PBIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  11 BIRTHPLACE	Contributory Secondary  Doration Jyrs mos ds.  (Signed) , 191 (Address) // Address // Ad
OF FATHER (State or country) + Mallon Country 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residents) At place In the ot deathyrsmos ds.
(Informant) A Remshire To The BEST OF MY KNOWLEDGE (Informant) A Remshire The Remshire The Address) Will Plansmit & Mill	Where was disease contracted, If not at place of death?  Former or usual residence
15 Filed	Nome in Sarden Octo 2, 1914.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons statement. it should be used only when needed. additional live is provided for the latter statement; who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting Measles (disease causing death), 29 ds;; "Senile," etc.), "Dropsy," "Exhaustion,"



PHYSICIANS should state

RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important. See instructions on back of certificate.

### V. S. No. 1.

county Fredericks 28	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 131
2 FULL NAME Tack Win	5. Fifth St.; 4 Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Mossied WIDOWED, ORDIVERGED (Write the word)	16 DATE OF DEATH  Oct 12, 1914  (Month) (Day (Year)  17 I hereby certify, That, I attended deceased from
TAGE  ACT   1890  (Month) (Day (Year)  TAGE	that last saw hears alive on Cox 12th, 1914, and that death occurred on the date stated above, at 12 m.
e occupation  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows:  Lulmenary Quiterculosis  (Duration) yrs, 5 mas. ds.
9 BIRTHPLACE (State or country) Mangland  10 NAME OF FATHER Same Thomas  11 BIRTHPLACE OF FATHER (State or country) Mangland  12 MAIDEN NAME OF MOTHER MANAGEMENT OF MOTHER MOTHER MANAGEMENT OF MOTHER MANAGEMENT OF MOTHE	(Signed) (Ouration) yrs mos O. ds.  (Signed) (Address) Frederick, M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mangland	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of deathyrs,mosds  Where was disease contracted.
(Interment) Many Queley  (Address) 118 E Fifth St.  15  Filed 14 Od 1914 day 1: Millowship	If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

-5"

fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care material worked on may form part of the second statement. Never return "Laborcr," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Cannant neoplasms); Meastes; Whooping cough; Chronic ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report



PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT AGE should be stated EXACTLY. carefully supplied. See instructions on back of certificate. of information should be N. B.—Every Item of CAUSE OF I

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist,	No. / 3 /

St: 3 ....Ward)

[If death occurred in a hospital or Institution,

FULL NAME Arthur To	of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male White Single, Married, Married, Moser of the Wisower, ORDIVORCED (Write the word)	16 DATE OF DEATH  OCT (Month)  (Day (Year)
6 DATE OF BIRTH  Nov 20, 1834.  (Month) (Day (Year)	that I last saw have alive on och 10 1914
7 AGE  79 yrs 10 mos 20 ds.   If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 3, 4, m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or empioyer).  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Ground  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Manyland	Contributory (Duration) yrs mos ds.  Contributory (Duration) yrs mos ds.  (Signed) 2 (Duration) yrs mos ds.  (Signed) 191 4 (Abdress) 2 (Duration) yrs mos ds.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, on Recent Residents)  At place in the of death yrs. mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Richard Potts	Where was disease contracted, If not at place of death?————————————————————————————————————
Flied 2 Oct 1914 dra J. M. Curas	19 PLACE OF BURIAL OR REMOVAL  Moti Olivet Com Oct 12, 1914 20 UNDERTAKER  Thomas P. Rice Frederich

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 5 18. Johnson

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OGCOPATION is very See instructions on back of certificate. CAUSE OF I

RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN of information should be

V. S. No. 1.

N. B.-

1 PLACE OF DEATH		STATE OF MARYLAND	
punty Free well 10030	of warman	CERTIFICATE OF DEAT	
2400	1//		1

County + Ke well 10030	CERTIFICATE OF DEATH Registration Dist, No. 141
Village or Gity Drewwork (No	St.; Ward)  [if death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Orbivorces (Write the word)	(Month) (Day (Year)
DATE OF BIRTH  (Month) (Day (Year)	that I last saw h has alive on 8 ch /6 ,1914
7 AGE  4/ yrs // mos 27 ds. or min.?	and that desth occurred on the date stated above, at of many of DEATH* was as follows:  The CAUSE OF DEATH* was as follows:  Thurst Form, 16 days Prusies 74
a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Vilane 24 hours  (Duration) yrs mos ds
9 BIRTHPLACE (State or country)	Gontributory Secondary  (Duration yrs mos ds
11 BIRTHPLACE OF FATHER OF STATE (State or country)  VA	(Signed) Low Mass Bullweevek ma
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Va  14 HERTHPLACE OF MOTHER  VA  (State or country)  VA  VA  VA  VA  VA  VA  VA  VA  VA  V	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)  Af place In the of deathyrsmosds
(Informant) Paul Werbeings	Where was disease contracted, If not at place of death?  Former or usual residence
Filed 60 1914 X VIII NUST REGISTRAR	Journal Date of Burial  Lovethorille Va  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS  Burnsen & Mal

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



### 2

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salesman, If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastcs (disease causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of death), 29 ds.; For vio-



PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement A PERMANENT AGE should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. that It may be See Instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of 10031

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

[It death occurred in

FULL NAME Lucy Ellen	Roach give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Filmale While (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Mouth) (Day) (Year)	that I last saw h. ex alive on Q et 18 191 4
7 AGE  3 9 yrs. 2 mos. 18 ds. 0Rmin.?	and that death occurred on the date stated above, at. 5 m., The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Pehronic Valvelanda Alexanda (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Frederick led	Contributory (Secondary) (Duration) yrs. mos. ds.
11 BIRTHPLACE  OF FATHER  11 BIRTHPLACE  OF FATHER	(Signed) gas la Dafs panglar, M. D. Oct 19, 1914 (Address) Librally Lown Med
OF FATHER (State or country) marfland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) mary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) I farly ouch	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Letter ma	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  PALMANN BATTON  ATTOMOTION
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. 8 No. 1

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[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the applies to each and every person, irrespective of age Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purremean septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," genital," "Senile," etc.), thenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head of which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convuisions." "Debility" ("Conample: Measles (disease causing death), 29 ds: affection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of . injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) -Hart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



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~	FULL NAME	E A	nsai	Ru
	PERSONAL AND	STATISTIC	CAL PARTI	GULAR
	Co	R OR RACE	5 AINGLE, MARRIED, WIDOWED, OR DIVORC (Write th	ED
D	ATE OF BIRTH	Jan (Month)	(Da	· ·
4	ge	rs. 9	mos. /2	ds. 9
8 8 )	CCUPATION ) Trade, profession, or ricular kind of work	Bn	~ ~ ~ ~ ~ ~	7
S	tate or country)	110	L	376
	10 NAME OF Sar		udrer	1 13
	OF FATHER (State or country)	J	w.	
	12 MAIDEN NAME OF MOTHER	Franc	20	Har

### STATE OF MARYLAND

C	ounty Triderice	CERTIFICATE OF DEATH
		Registered No. 150
V	*FULL NAME Ausi Rusul	St; Ward)  [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
35	Ex 4 COLOR OR RACE 6 BINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH  G (Month)  (Day)  (Year)	that I last saw h sallye on Oth 20 ,191 4,
7 A	GE 11 LESS than 1 day, hrs. OR mio.?	and that death occurred on the date stated above, at 4 P. m. The CAUSE OF DEATH* was as follows:
(a) pa (b) bus	CCUPATION  ) Trada, profession, ar  ricular kind of work  General nature of Industry, iness, or establishment in ch employed (or amployer)	(Borañoe) yrs. mas. 9 ds.
9 B	RTHPLACE tate or country)	(Secondary)
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  ( L	(Signed) (Boration) yrs mos ds.  (Signed) (Bore 5 Well yrs , M. 0.  Och 20 , 191 (Address) Meanly from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Δ.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INETITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds.
	Intermedt) James wille Mr.  (Address) James wille Mr.	Where was disease contracted, if not at place of death?  Former or osual residence.  19 PLACE OF BURIAL OR REMOVAL WARD DATE OF BURIAL
1 5 File	100h 72 2 1914 R. Walkin Tropnell	Councertaker ADDRESS

M more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) satesman. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. heen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise spectstatement. naterial worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, Salesman, For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

mia," "Tuerperal peritonitis," etc. scpsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For vrochildbirth or miscarriage, as "Purrenal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malle oma. Sarcoma. etc., of .... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as (a) Spinner, who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Chre Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Forcman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, For persons (4)

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scpsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accichildbirth or miscarriage, as "Puerperal septichac-mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vroetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," . "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Brenchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from SUICIDAL, OF HOMICIDAL, or as probably (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples:



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Y. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it msy be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

	PLACE OF DEATH 10034	STATE OF MAR CERTIFICATE OF	
1	"FULL NAME Oath Russele	Registerer St; Ward)	[It death occurred lea hospital or institution give its NAME instead of atreet and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
)	A COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)  OATE OF BIRTH  (Month) (Day) (Year)	(Month)  17 I HEREBY CERTIFY, That I a  Poly 191. 4, to 01  that I last saw h alive on	3/ , 1914 (Day) (Year) ttended deceased from 2 1 , 1914.
8 0	Trade, protession, or	and that death occurred on the date atated at The CAUSE OF DEATH* was as follows:	ove, atm,
(b) bus	orticular kind of work  General nature of industry, siness, or establishment to lich employed (or employer)  IRTHPLACE state or country)	Gentributory Mylands	yrs ds.
ARENTS	10 NAME OF FATHER WILLIAM RUSSELQ  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME O	(Signed) (Si	deaths from Violent 2) whether ACCIDEN-
0.	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informat)  LUSA  (Informat)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place	STITUTIONS, TRANSIENTS, . yrs, ds.
15 FII	(Address) Pr should us	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL 191 4

If more blanks are needed, address Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. naterial worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: "Foreman," (a)

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thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgleal operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malts. injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puerperal scptichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," oma. Sarcoma. etc., of \_ ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



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PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. properly classified. 4 should be IS UNFADING INK-THIS AGE carefully supplied. that it may be certificate. of information should be DEATH in piain terms, so See instructions on back of WITH WRITE PLAINLY, Every item CAUSE OF important.

/	unty Predende (No. 182,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3  [if death occurred in a hoositel or institution of the control of the contro
	2FULL NAME Roberca, S, S	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D A	(Month) (Day) (Year)	that I last saw h le alive on 16 Oct 191X,
7 AG		and that death occurred on the date stated above, at 3 m. The CAUSE OF DEATH * was as follows:
(a) par (b) busi	COUPATION Trade, profession, or torustrook idealar kind of work General nature of industry, ness, or establishment in the employed (or employer)	(Crellice - Friend)  (Diration) / 5 Tyrs. mos. ds.
11	ate or country) wid	Contributory (Secondary)  (Duration)  yrs
TS	10 NAME OF Berg & Seibert (desd)  11 BIRTHPLACE OF FATHER	(Signed) 7 0 (Address) M. D.
PARENT	12 MAIDEN NAME OF MOTHER CONTROL STATE OF MOTHER CONTR	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
11.	13 BIRTHPLACE OF MOTHER (State or country)  Serrany	or Recent Residents) At place in the of death
	Interment) Carre Cine Seefest	if not at place of death?  Former or  usual residence.
15 Fil	ed 18 Q d. 1914 dra g. Mi Comply, REGERAND	19 PLACE OF BURIAL OR REMOVAL  Mh alvet Ceru act 19 1915/ 20 UNDERTAKER  ADDRESS

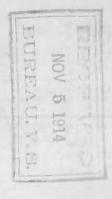
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scottchae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic "Heart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is icss definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples:



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V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD

Sounty Frederick 10036	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No.
VIIIage or City Buskittoville No	St.; Ward)  [If death occurred to a hospifal or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jernale Whit (Write the word)	16 DATE OF DEATH OCK 24 , 1914 (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended degeased from 1914, to 23, 1914, that I last paw h Qualive on Quality 1914
7 AGE  Syrs	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in	Canen of Line
which emplayed (or employer)  BIRTHPLACE (State or country)  Fired, Lo,	Contributory Seeondary  (Duration) yrs. mos. ds.
on 11 BIRTHPLACE	(Signed) Prople Governo M. D. But 24, 1914 (Address) But Rettaille Ma
11 BIRTHPLACE OF FATHER (State or country) Fred, 40,  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Field, Co.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs, mos ds Where was disease confracted,
(Informant) Mauriel Shefet	If not at place of death?  Former or usual residence.
(Address) Vais Field Pq.	Union benet, Bukittsville Oct 25, 1914
Filed,191	20 UNDERTAKER ADDRESS B LITT 41

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when ueeded. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indlvery important, so that the relative healthful-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman," engineer.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Enjdemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which snrgical operation was undertaken. is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report cause for For vio-



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state and DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH item of information should be CAUSE OF I 1 PLACE OF DEATH

7000m



### STATE OF MARYLAND

Co	unty trederice 20001	CERTIFICATE OF DEATH
CO		Registration Dist. No. 134
VII	Page or City Four Pounts (No. 12)	St.; Ward)  St.; Ward)  St.; Ward)  [If death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
10	4 COLOR OR RACE SINGLE, MARRIED, Lugle Whole White the words	16 DATE OF DEATH October 5, 1912 (Month) (Day (Year))  17 I hEREBY CERTIFY. That I attended deceased from
	ATE OF BIRTH  (Month) (Day (Year)	Oct. 5, 1914, to Oct 5, 1914, that I last saw have allow on Oct 5, 1914
TAG	If LESS than	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a)	CCUPATION ) Trade, profession, or ricular kind of work	Cente gastrie indigestion
bus	General nature of industry, iness, or establishmen1 in ch employed (or employer)	(Duration) yrs Hooves
	RTHPLACE (State or country) Mary land	Secondary Convolutions
	10 NAME OF James William Shellow	(Signed) Roland 1. Siller M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State of country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER Wartha Estelle McKenney	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSLESS.)
	13 BIRTHPLACE OF MOTHER (State or country)  Mary law.	At place In the of death yrs, mos ds. State yrs, mos ds
	(Intermant) (Intermant)	Where was disease contracted, If not at place of death?  Former or usual residence
15	(Address) Crumely fury Mus	Hawfer Church & and Lay Oct 14, 1914
P14	Social metallity Should	20 UNDERTAKER A ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

N. B.





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) ".Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

PLACE OF DEATH
Grederich



### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No.
VIHAZO OF City Frederick (No. 521, 2)	N. Masket St; 3 Ward)  Setti Shiples  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Genrale White Single, Married Whowed, Write the word)  Grand Color or RAGE Single, Married Windowst, Windowst, Windowst, Write the word)  Grand Color or RAGE Single, Married Windowst, Married	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from  1912, to 29 Oct 1914.
7 AGE  1 It LESS than 1 day,hrs.  OR min. ?	and that death occurred on the date stated above, at 9-15 Am.  The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or Hoseuse Sife particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  ONAME OF FATHER  Beckerich Hosetler  OF FATHER (State or country)  La Maiden Name OF MOTHER  OF MOTHER  OF MOTHER	(Duration) + vrs mos ds.  Contributory (Duration) - vrs mos /2 ds.  (Signed) - (Duration) - vrs mos /2 ds.  (Signed) - (S
13 BIRTHPLACE OF MOTHER Catherine Cong (State or country) Germany  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWEDGE  (Informant) M. Moarbeet St  (Address) 521. N. Moarbeet St	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 30 Oct , 1914 day Mile property	Mot. Olivet Cem Nov. 194.  20 UNDERTAKER  Thomas J. Reice Frederick,  strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BONON TENNON

W. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Co	PLACE OF DEATH 10039  Ounty trulened (//3	STATE OF MARYLAND CERTIFICATE OF DEATH
	La La	Registration Dist. No.
/	PULL NAME Cura Olya	St.; Ward)  [if death occurred in a hospital or institution, give its NAME lostead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 56	white brivences (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6	don't know for 1827	Ost-12, 1914, to Oct-28", 1914
	(Month) (Day) (Year)	that I last saw h alive on Qd - 27,191 4
7 A C	1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 1140 Am.  The CAUSE OF DEATH * was as follows:  Circlionis Firm - Aslemal
(a)	Trade, profession, er	Selection
(b) busi	deneral nature of industry, ness, or establishment lo ch employed (or employer)	(Buration)mosds.
9 BI (Si	RTHPLACE (Rate or country)	Contributory (Secondary)  (Paration)  (Paration)  (Secondary)  (Paration)
	10 NAME OF William Winebruner	(Signed) Morris le Buel , M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PAR	12 MAIDEN NAME OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of dealh? Former or
(	(Address) Lusuronott, Md	USUAI residence
15 File	Dot 20 11 12 11/2 201	Poehis Andress  20 UNDERVAKEN  ADDRESS  ADDRESS
	If more blanks are needed, address State Registrar	c, 6 E. Franklin St., Balto. Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ili-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

"Contributory." dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. childbirth or miscarriage, as "Purrerral septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for -Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis, Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples:



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate.

CAUSE OF important.

N. B.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

### 1 PLACE OF DEATH

70010

STATE OF MARYLAND

County Ferriderick 1914	CERTIFICATE OF DEATH
County Mounteen	Registration Dist. No. 148
Village or City Le Gors (No. 2)	St.; Ward)  St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
nale White Single on on on or on of the the word)	16 DATE OF DEATH  OFT S  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH  FEL 18 1901  (Month) (Day (Year)	Sefet 14-1914, to Oct 18 , 1914 that I last saw here allow on Oct 18 , 1914
7 AGE  13 yrs mos ds OR min.?	and that death occurred on the date stated above, at
(a) Trade, protession, or Cart drune at lines.  (b) General nature of Industry,	Typhoid Hevre
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Grand 60,	Contributory Couration yrs mos. 34 ds Secondary (Duration) yrs mos. 3 ds
10 NAME OF FATHER Davenfort Staup	(Signed) & A. Stultz, M. D. Oct. 18, 1914 (Address) 20 oodsboro Mid.
OF FATHER (State or country)  12 Malen NAME ()  12 MOTHER ()	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  MC	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the ot death yrs mos ds. State yrs mos ds.
(Interment) State Saufa	Where was disease contracted, It not at place of death?  Former or usual residence.
(Address) Isaleans Indi	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  OCT 20, 1914.  20 UNDERTAKER  ADDRESS
Flie 20 10 191	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaceause. Always qualify all diseases resulting from cte., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease eausing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State eause for Never report



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10 OCCUPATION Jo statement Exact classified. properly pe may certificate. that 80 0 back terms, uo plain Instructions \_ DEATH See OF mportant.

pinous PHYSICIANS RECORD PERMANENT EXACTLY. 4 INK-THIS AG UNFADING carefully WITH pe should Information PL WRITE ō Every It STATE OF MARYLAND

1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No If death occurred in .. Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE, 3 SEX 16 DATE OF DEATH 4 COLOR OR BACE MADRIER WIDOWED, (Year) (Month) (Day Write the word) I HEREBY CERTIFY. That I attended deceased from 17 (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) Z OF FATHER AState the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) PARE 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country ot death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State :..... yrs, \_\_\_\_ mos. Where was disease contracted. If not at place of death?... Former or usual residence..... REMOVAL OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The '(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



state

PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St: Ward)

lif death accurred in a hospital or institution. give its NAME instead

nan	or street and number.
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month)	(Day) (Year)
17 / I HEREBY CERTIFY, Tha	t I attended deceased fro
July , 1913, to	an, 1, 1915
	2 m. 1 , 1915
and that death occurred on the date state	ed above, st. 4A
The CAUSE OF DEATH* was as follows:	left side
Contributory Chaustro (Secondary)	yrs./// mos
(Signed) lalph brown	ring N.
*State the DISEASE CAUSING DEATH, O. CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	r, In deaths from Violent and (2) whether Acciden
Where was disease contracted, if not at place of death?  Former or usual residence	
Is prace of BURIAL OR REMOVAL Sassmithle's Church	DATE OF BURIAL
L. J. Hadhill m	ADDRESS .

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

No. 1. 82

m.

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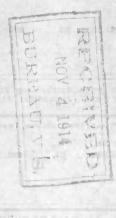


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekecpers statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up ou account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. As examples: Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("I'ncumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. Examples: mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and quality as mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senife," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ..... The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for



I BLACE OF BEATH

Gounty Frederick 10043	CERTIFICATE OF DEATH  Registered No. 48  [If death occurred to
* FULL NAME Sauch U. Sun	St; Ward) a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fameule It hate Sound Marked, Marked Wiscower, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	Oct 5-3 12, 1914, to Oct 24 1914, that I last saw h 12 alive on Oct. 24 ", 1914
7 AGE  1 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at 1.30 m; The CAUSE OF DEATH* was as follows:  Heart failure authorize
a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manyland.	Contributory (Secondary)  (Duration) yrs. mos. / ds.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Si
of Mother Mary Roof  13 BIRTHPLACE OF MOTHER (State or country)  Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the of death yrs, mos, ds, State yrs, mos, ds.
(Informant) Rew Hindress.	Where was disease contracted, If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OF REMOVAL  DATE OF BURIAL
Filed Oct 29, 1914 9/15/15/Earns REGISTRAR  If more blanks are needed, address State Berts tra	20 UNDERTAKER Stiller Spring V. S. No. 1.

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

losis of lungs, meninges, peritonaeum, etc.. Carcinterm for the same disease. tlme and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to pneumonla"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); fever (the only definite synonym is "Epidemic cere-("Pneumonla," Statement of cause of death-Name, first, the DISEASE Typhoid fover (never report "Typhoid unqualified, is indefinite); Tubercu-DiphtheriaExamples: Cerebrospinal (avoid use of

> cer" is less definite; avoid use of "Tumor" for mailsscpsis, tetanus) may be stated under the head such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," childbirth or miscarriage, as "Purrerral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "MarasgenItal," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acclwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State (name origin; "Can-"Exhaustion," Examples: cause for For VIO-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



BINDING	Y, WITH UNFADING INK-THIS IS A PERMANENT
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œ	IS
FO	-THIS
E	INK
RESERVED FOR	UNFADING
MARGIN	WITH
MA	WRITE PLAINLY,
3	WRITE

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Village or City...

1 PLACE

The same of the sa
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C

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

FULL NAME MOSS M, Chon	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white (Write the word)	18 DATE OF DEATH  Oct 22, 191.14  (Month) (Day) (Year)
6 DATE OF BIRTH March 25, 1842  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1914, to Oct 22 1914, that I last saw has alive on Oct 21st, 1914
7 AGE    1 LESS than   1 day,	and that death occurred on the date stated above, at 210 a.m., The CAUSE OF DEATH* was as follows:  Valundar Siriase of Heart mith
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Domi Tise  Don's Know  Our Know  Our Know  Os. B. (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Manyland	(Secondary)  Luc-shot wound of (Duration) yrs mos 22 ds.
TATHER John Shompson  11 BIRTHPLAGE OFFATHER (State or country)  12 MAIDEN NAME	(Signed)
of MOTHER Selen Seston  13 BIRTHPLACE OF MOTHER (State or country)  Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
(Intermant) Just Montgomen	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Samserlle, Ma 15 Filed Ch. 24, 194 Anoth Bylor. Fine & REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  New Market Cem. Dets. 191.4.  20 UNDERTAKER  R. J. Randle  R. G. E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. Never return "Laborer," "Foreman," duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; applies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, the nature of the business or industry, and therefore an Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report



8. No.

PHYSICIANS should state of OCCUPATION is very

Exact statement

0 0

RECORD

Village or City hear Johnsuile mod (No.)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No
0 10 -	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WISHOUSED, OR DIVERCED  (Write the word) Widows  3 DATE OF BIRTH  23, 1838	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  How How alive on October 1914  that I last saw how alive on October 1914
(Month) (Day) (Year)  AGE If LESS than 1 day,hrs.  ORmio.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:  Assomether altaxia
(b) General nature of industry, business, or establishment to which employed (or employer)  BIRTHPLACE (State or country)  Tricklerich lev.	Contributory (Secondary)  (Duration) 3 yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signes) , M. D. , 191 (Address) And (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOBPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mcs ds.  Where was disease contracted,
Interment Jahn Jone Son )  (Address) Zamon Bridge - mag  Filed Man \$0,1914	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  ADDRESS  ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekccpers fication, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iligainfully employed, as At school or At home. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carobrospinal fover (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc. Carcinosis of lungs, meninges, peritonaeum, etc.

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowin er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Contributory." -Hart fallure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: For vio-



S. No. 1.

garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT PLAINLY, WITH UNFADING INK-THIS IS DEATH in plain terms, so that it m. See instructions on back of certificate. Item of Information should be WRITE CAUSE OF Important. S

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred in a hospital or Institution, give its NAME Instead of street and number. 1

Frederick (8)

\*City Montevu Hospital

\*FULL NAME NOT KNOWN

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figure Color of Race Single, Married, Widowed, Ordivered (Write the word)	16 DATE OF DEATH Of 6 1914 (Year)
Month) (Day (Year)	17 Def   HEREBY CERTIFY, That I attended deceased from   191
(Month) (Day (Year)  7 AGE Stick Graph If LESS than 1 day hrs.  yrs mos ds OR min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Death at Dirth - The month world yes mos ds.
State or country) Man Land	Secondary (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER  (State of gonnetry)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Meryland  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds  Where was disease contracted, still born  If not at place of death?
(Address Frederick Wel Englishe	Former or Usual residence  19 PLACE OF BURIAL OR REMOVAL  A Monteum Count, Med Cot, 16 1911
Filed 1916, 191 Ford Chuare REGISTRAR  If more blanks are needed address State Periot	Jun CV. Rice Ruft, Frederick MK  Tar, 6 E. Franklin St., Balto, Requesting V S No. 1



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a), the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has "Mauager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State nant neoplasms); Measles; Whooping cough; Chronic ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was nudertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origiu; "Canis less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," ctc.), (Recommendations on statement of (disease cansing death), 29 ds.; "Dropsy," "Exhanstion," cause for



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WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD

PERMANENT

4

1 PLACE OF DEATH County Frederick 10046

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration	Dist.	No. 147	
--	--------------	-------	---------	--

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of streef and pumber. ]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 <sub>SEX</sub>	le white (Write the word).	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE	Oct 13 <sup>1</sup> / <sub>4</sub> , 1914 (Month) (Day) (Year)	, 191, to, 191, that I last saw h
7 AGE	Otile Born 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
	PATION B, profession, or r kind of work	Dyclocia (Prolespera Cord.)
business,	ral nature of industry, or establishment in None ployed (or employer)	(Duration) yrs. mos. ds.
9 BIRTH (State of	PLACE or country) Frederick Co., Md	(Secondary) (Doration)  yrs
S 1.1 E	NAME OF Millis B. Mushaar BIRTHPLACE OF FATHER  M. D.	(Signed) N. N. Hopsius, M. D. Det 13-, 1914 (Address) New Market, The
1	State or country) //anyland of Mother	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
(8	BIRTHPLACE OF MOTHER (atte or country)  ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Inform	nant) Willis B. Mrishaar	If not at place of death?————————————————————————————————————
15	(Address) Mr, aling, Ma.	Marree Chal Met J. Och 14, 1914
Filed	191 Nom. Holay	BUT Bownay Pet Cin Vice
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Item and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasies (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accl--Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As oma. Surcoma. etc., of ... The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



PHYSICIANS should state of OCCUPATION is very

stated EXACTLY. |

properly classified.

carefully supplied.

DEATH in plain terms, so that it m See instructions on back of certificate.

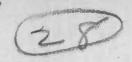
Every item of information should be CAUSE OF DEATH in plain terms, s DEATH in plain

m ż Important,

PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS

### 10047 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:---Ward)

[It death occurred in a hospital or institution, give Its NAME Instead

CAUSES, STATE (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.	FULL NAME Trederick D. W	eller
Wole White words. Manker (Month) (Day (Year))  DATE OF BIRTH  NOV. 8 , 1875  (Month) (Day (Year)  TAGE  OCCUPATION (A) Trade, profession, or Wood - Polisher (B) The CAUSE OF DEATH* was as follows:  OCCUPATION (B) General nature of industry, which is not country) May and that death occurred on the date stated above, at 3'.04P. m The CAUSE OF DEATH* was as follows:  Pulmonary Tuberalosus  (Signed) M. Howard (Buralion) yrs. mos. ds  Contributory Schartion  (Signed) M. Howard (Buralion) yrs. mos. ds  (Signed) M. Howard (Buralion) yrs. mos. ds  Calses state (State or country) Hermany, who was a state of the country of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DATE OF BIRTH    Cov.   S   1875	MARRIED, WIDOWED.	(Month) (Day (Year)
**State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Accident for Mother Control of Mother Contr	B DATE OF BIRTH NOV. 8, 1875	May 74, 1914, to Oct, 15, 1914,
(a) Trade, profession, or Wood - Polisher particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)  P BIRTHPLACE (State or country) Waryl and  10 NAME OF FATHER  Secondary  (Signed) W. Howard ye agav. (Signed) W. Howard ye	38 // 7 1 day,hrs.	
Secondary	(a) Trade, profession, or Wood - Polisher particular kind of work Wood - Polisher (b) General nature of Industry, business, or establishment in	Pulmonary Tuberalosis  (Duration) jrs. 2 mos. ds.
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidentally of Mother O	(State or country) Maryland	Secondary (Duration) yrs mos ds.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intormant)  (Address) Atote Panalorum, Md.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE) In the Side In the Side State State Side State Side State Side State Side State Side State Side Side State Side Side State Side Side Side Side Side Side Side State Side Side Side Side Side Side Side Sid	OF FATHER (State or country) Termany,  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means Of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
(Informant) . I I wait at place of death?  Former or usual residence 3 / Main As, Mr. Wingus, Md.  (Address) Atate Danalorium, Md.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	13 BIRTHPLACE OF MOTHER (State or country) Pluna.	At place of death yrs. 4 mos. 22 ds. State Style mos. ds
	(/ ) He sel o	Former or 3/ Main As Mr. Waran, Md.
Filed C. 1914. 6. S. CLOGE. ADDRESS  REGISTRAR  M. S., CLOGE. Thurward, Ma  If more blanks are needed, address State Registrar. 6 E. Franklin St., Bulto., Requesting V. S. No. 1.	Filed Color 34, 1914 B. A. Sterne REGISTRAR	Bolliume, Md. 2, 1914.  20 UNDERTAKER  M. S. Creoger. Thurward, Md.





[Approved by U. S. Census and American Public Health Association.]

statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," The

Statement of cause of death—Name, first, the Disease Causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds., affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State canse for etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injnry, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viochildbirth or miscarriage as "Collapse," "Coma," "Convulsions," "Debility" ("Condent; Revolver wound of head-homicide; Polsoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "Puerperal septichac-Never report



### N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSÍCIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

PLACE OF DEATH	10048	)
County Frederick		



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 134

St.; Ward)

[If death occurred in a hospital or institution give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famale White Single, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	ried 16 DATE OF DEATH Out. 19 ,1914 (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from June 22, 1914, to Oct. 19, 1914,
(Month) (Day	(Year) that I last saw h or alive on Oct. 19, 1914
	LESS than and that death occurred on the date stated above, at 5:26 P.m.
14 ~ 14	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Pulmovary Interactoris
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs 5 mos ds.
9 BIRTHPLACE (State or country) Wayland.	Secondary (Bureller)
10 NAME OF Calbert Davis	(Signed) 21. Howard ye age, M. D.  Oct 19, 1914 (Address Alate Dandon Md)
I BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) V Arquia.	At place  At place  of death  vrs 3 mas 27ds State  vre mos de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG	If not at place of death?
(Address) State Landonn,	md. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Bolling, nd. 3, 1814.
Filed ONBL, 1914. C. J. Stewn	Sollware, nd. 1914.  20 UNDERTAKER  M. S. Creoger.  Thurst, nd.
If more blanks are needed, address S	tate Registrar, 6 E. Franklin St., Bailo., Requesting V. S. No. 1.

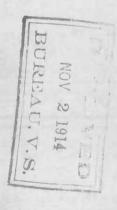


[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But iu many For many occupations a single word or term on the ness of various pursuits cau be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," nnqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affectiou ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asinjury, as fracture of skull, and consequences (e. g., accidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) by eurbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aeeidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "Puerperal septichae-



WITH UNFADING INK-THIS IS

WRITE PLAINLY.

PERMANENT RECORD

4

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

<del>-i</del>	
No.	

N. B.

mil.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 38  [It death occurred in a hospital or institution, give its NAME instead of street and oumber.]
FOLL NAME	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, With the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	January 29th, 1914, to Oct. 23 2 , 1914, that I last saw h & allve on Oct. 23 2 , 1914
7 AGE   If LESS than t day,	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER Charles H. Milson  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed)
of Mother Cora Beall  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Chus, Jr. Milson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos, ds, State yrs, mos, ds.  Where was disease contracted, It not at place of death?  Former or 4 usual residence
(Address) Monrova, Md	19 PLACE OF BURIAL OR REMOVAL  Maron hafi Plant Off 26, 1914  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould he taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman." additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will he sufficient, e, g., applies to each and every person, irrespective of age tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. ness. If retired from business, that fact may he indiheen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should he used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can he known. The question Statement of occupation-Precise statement of occupa Women at home, who are engaged in the If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal septichaecause. Always qualify all diseases resuiting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemin," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronical ter" is less definite; avoid use of "Tumer" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name orlgin; "Can Never report Examples:

